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PHYSIOLOGY.

LECTURES

ON THE

PHYSICAL CONDITIONS

OF THE

TISSUES OF THE HUMAN BODY

AS APPLIED TO THE EXPLANATION OF

VITAL PHENOMENA.

Delivered at the College of France in 1834,

By F. MAGENDIE,

Professor of Physiology and Medicine in the College.

LECTURE I.

IMBIBITION AND ABSORPTION.

Gentlemen,—The principal object of the several courses delivered in the College of France, is to investigate the progress which the different sciences have made up to the present day; to point out to the pupils the facts actually established in each of those sciences; by what means we have arrived at their certainty; and on what side we may hope to give a further extent to their domain. Charged with the delicate and often difficult task of instruction, it is the duty of the professor to endeavour to precede you in your march, and render your progress more easy, by pointing out those difficulties by which you may be arrested, or turned aside from the path of truth.

Such is the task we have undertaken, and if it be a difficult one in the other sciences, it is still more arduous in the study of medicine. Consider for a moment the state in which medicine exists at the present day; visit the different hospitals, follow the various cliniques and public courses, and you will not fail to observe how physicians are divided between the most opposite systems on the nature, on the seat, and even on the treatment, of the most simple disease; yet each of those systems is supported by arguments more or less specious, each theory is based upon facts more or less certain. And, remark, Gentlemen, that I do not here speak of any of those errors which, in the plenitude of their absurdity, strike the mind at first view, but which, notwithstanding, count many honourable followers. There is no want, now-a-days, of magnetizers, or homœpathists.

In mentioning to you this remarkable fact, it is not my intention to enter into a lengthened examination of each of the systems referred to, and still less to elevate any one to the detriment of the rest; let me rather hasten to answer a question which must naturally present itself to your minds, as well as to mine;—Is there anything certain in the science of medicine? Yes, Gentlemen, you may arrive at certainty in the physiology of the healthy body, in the physiology of the diseased subject, that is in medicine, and this certainty is derived from the facts which observation and experimentation furnish. Of those facts some are capable of being generalized and formed into true theories, while the greater part are merely the stones of so many edifices which your hands may perhaps at a future time be called upon to construct.

You will find, and I flatter myself I shall be able to demonstrate to you, certain facts in the science of physiology which are just as well proved, and as certain, as any derived from the physical sciences; but while examining my proofs, you cannot fail to be struck with this conviction, that almost all the *precise* knowledge which we

possess of man as a living animal has been obtained through the medium of the chemical and physical sciences; and you have only to throw a *coup d'œil* on the progress of physiology to perceive that any advancement she has made, has been entirely due to the progress of the sciences which I have just mentioned. Physiology, without doubt, has marched towards perfection with a less rapid pace than these sciences, for she has been arrested, at every step, by irrational theories, the result of ignorance operating in speculative and ardent minds. She has too often been left behind by chemistry and natural philosophy, sciences which have been elevated and advanced solely upon facts and calculations.

I dare not lay before your eyes a picture of the innumerable systems which, from the time of HIPPOCRATES down to the present day, have occupied the history of medicine. Whenever you devote your leisure hours to the study of this history, it should chiefly be with the object of instructing yourselves in the march of the human mind, and acquiring a conviction of this great truth, which will be the consequence of all your studies, and which I do not hesitate to repeat to you again, viz., that the knowledge of every important fact which we possess in medicine is due to observation and experience, and I defy any one to show me a single truth which has arrived to us by a different channel.

I have said that physiology has been left far behind by chemistry and natural philosophy; but be not discouraged by this circumstance; on the contrary, pursue the career which you have commenced with increased ardour and industry, for so much the more remains to be done in this the most interesting and the most useful of all the sciences. While the physical sciences have reached such a high degree of perfection that we see men of the most brilliant genius barely able to enrich them with a few new facts by the constant exercise of sagacity and intelligence, medicine, offers a field where even the most ordinary minds may hope to make discoveries. Such are the objects towards which you should direct your efforts.

I shall endeavour, in the present course, to furnish you with some examples of the truth of what I say, and to-day propose to lay before you certain principles which may serve as a useful guide in your researches. This task, I know, is one which is not always received by pupils with the degree of attention it merits, but I shall hasten to acquit myself of it, and turn to more interesting matter. One of the conditions most necessary to an advancement in scientific discoveries, is a firm and resolute determination to examine, see, feel, touch,—in short, to submit to one's own senses facts apparently the most simple. By adopting this fundamental principle, you will accustom yourselves, in the first place, to seek after truth of yourselves, and you will be enabled in many instances to correct various errors which, otherwise, you would have received implicitly, had you trusted to the senses of other people.

Permit me here to cite one or two examples of the truth of what I advance; they are drawn from my own history, and I am therefore able to speak of them as facts which are known to me in all their details.

I had read in all treatises on pathology, that the consolidation of cartilage took place in the same manner as that of the other tissues when accidentally divided,—that is to say, that a soft material was at first laid down between the fragments, afterwards assumed the characters of the divided organ, and became a band of union between its several portions; I wished to satisfy myself of the truth of this fact, and was no little astonished to find the explanation which had been given quite erroneous. My experiments proved that cartilage reunites by an osseous plate which envelops the two fragments. This fact has been received into the science; it has been observed frequently by others since that time, and will continue to remain, for the simple reason that it is a fact, and not a creation of the imagination.

It was the same desire to see with my own eyes, instead of trusting to others, which induced me to investigate the condition of the stomach during the act of vomiting; and advancing from one fact to another, I at length arrived at the theory which all the physiologists of the present day have adopted, and which has never

been shaken for an instant by the violent attacks of which it was the object.

This method of progression is simple, and you see with what little effort we may arrive at the discovery of great truths, by following it with steadiness and perseverance.

But in order to be able to examine facts for yourselves, it is necessary to place you in a condition to do so; and for this you will require the education of your judgment and your senses; you must become familiar with the exact sciences, and, above all, be instructed in the manner of investigation proper to conduct you through this difficult task.

A preliminary study of this kind is necessary to accustom your minds to pursue a rigorous train of reasoning, and do away with the effects of that credulity which is the inevitable consequence of the education you have received. Hence, Gentlemen, accustom yourselves from time to time to debate in your own minds those facts which you have believed with the most implicit reliance. Thus you will acquire more confidence in the truths which you have admitted after deliberation, and you will often discover errors to exist where you had before only seen facts of the most positive nature. A sad result this for your *amour propre*, but one calculated to produce that rational scepticism which is the characteristic of an exalted intelligence. At the same time that you learn to look with doubt on everything which your senses shall not have demonstrated as true, you will also learn not to reject, without thorough examination, any of the propositions which may be laid before you; not even those which at first sight may appear the least admissible. It is infinitely better to examine one hundred errors, than to reject a single truth. There is an old proverb, and a just one, which says, "The truth is not always probable" (Le vrai n'est pas toujours vraisemblable.) Remember that Gallileo was the laughing-stock of his age. But it is not necessary to seek example so remote; what ridicule should I not have excited forty years ago, had I ventured to announce the present course under the title which I have given to it! At that time medicine was under the influence of the ideas of Bichat, whose great and original mind was preoccupied by one fundamental doctrine, viz., that the laws of life are entirely distinct and essentially different from the laws by which the material world is governed; that the former do not bear the slightest resemblance or comparison to the latter; and, on the contrary, that life is the triumph of vital over physical laws; —the ancients said "of microsmus over macrocosmus."

It is impossible, Gentlemen, to entertain a greater or more dangerous error than this; dangerous, because it has induced physicians to neglect the physical sciences to such a degree, that many of them even boast of their ignorance in this respect; dangerous, because it has given rise to a multitude of theories, by which weak and unreflecting minds are daily captivated; dangerous, in fine, because it exercises the most baneful influence upon practical medicine. You cannot, I again repeat, fall into a greater error than this theory first propagated by Bichat, and since advocated by his numerous followers. The whole object of the course I am about to deliver is directed against his doctrine. Day after day you will see the arguments by which it has been supported, give way before the force of facts. I shall have occasion to show you the laws of physics governing the living animal, and forming the source of almost all the phenomena now called vital; I say of *almost all*, for, in exposing the errors of others, I do not wish myself to be guilty of culpable exaggeration.

There are many distinguished philosophers who generalize the idea I have just thrown out, and see nothing in life except phenomena produced by the action of physical laws. According to their theory, electricity is the cause of all the phenomena of innervation.

These propositions may be true, but as an impartial examination of the whole question shows that they are not demonstrated by any positive fact, we are compelled to lay them aside, and confess our ignorance on the subject.

There are certain minds to which doubt is altogether insupportable, which feel an urgent necessity of having everything explained; hence they prefer on all occa-

sions patching up a theory more or less plausibly, and afterwards searching for reasons to support it. Do not follow such examples, Gentlemen, although they do not merit any severe reproach. This thirst after explanation is one of the physiological conditions of the human intelligence. The "why" is the torment of infancy. But let us be content to remain in our incredulity, rather than go to sleep in error.

We propose, this year, to pass in review all the vital phenomena which are susceptible of a rigorous explanation by the laws of natural philosophy, and we shall see that these facts present the most useful results for every branch of practical medicine, and that it is upon them that we hope to found the basis of rational treatment.

As for those which we may not be able to explain by experiment or observation, we will wait, we will examine; and, sure of being in the right way, if our researches be fruitless, we shall have for consolation this grand truth, that there are certain limits to the human mind which we are not permitted to pass.

In attempting an explanation of vital phenomena by the physical properties of the tissues, we cannot select a better subject to commence with than absorption, a function which has so long divided the opinions of physiologists, not only as regards the precise nature of the fluid taken up, but chiefly with respect to the agents by which it is accomplished. We shall, therefore, take a rapid view of the principal doctrines hitherto advanced as to the nature and cause of absorption, and then endeavour to show you, by direct experiment, that far from being a mysterious phenomenon of life, it is the effect of inhibition, a physical property enjoyed by all tissues, whether living or dead, joined to the simple circumstance of a current of fluid passing through the small vessels, by which the matter imbibed is carried into the torrent of the circulation.

Liquid and solid substances, introduced into the stomach and intestines, are removed with great rapidity, and pass into the blood. The same effect takes place in all the cavities where a fluid is placed; and the lining membrane of the lungs and the skin enjoy a similar property in a high degree. The ancients, unacquainted with the anatomy of the lymphatic vessels, attributed this effect, or absorption, as it was called, to the veins; but since the time of William Hunter and his brother, the majority of physiologists persist in describing the lymphatics as the sole agents of absorption. A false theory, built up by John Hunter upon a few inexact experiments, was sufficient to captivate all minds, so ready are we to embrace an error when presented to us under the authority of a celebrated name.

I have said that the experiments of John Hunter were few in number and inexact. Let us hasten to prove this assertion. In order to show that the lymphatics absorb, while the veins do not, he opened the abdomen of a dog, emptied a portion of intestine, and injected into it some warm milk, which he retained by two ligatures. He now emptied the veins belonging to the intestine by pricking the parietes and tying the corresponding arteries; the parts were returned into the abdomen, and after half an hour he found the veins quite empty, while the lacteals were gorged with fluid. It is unnecessary to point out how many circumstances Hunter has neglected to take into account, which might have modified or rendered null the value of the experiment. It is sufficient to say, that it has been repeated on several occasions at Alfort by Flandrin, and that I have repeated it myself, without ever perceiving any trace of milk in the lymphatics.

The other experiments of Hunter are still less conclusive than this one, and have also been repeated, without giving similar results, at the veterinary school.

But you shall see, by direct experiment, that it is very probable, nay almost certain, that the lymphatic vessels of the intestines do not exercise absorption on any other substance than chyle.

For this we shall administer various substances to dogs; and if they are absorbed by the lymphatics, it is evident we shall find a greater or less quantity of the peculiar substance so given, in the thoracic duct of the animal, half an hour or an hour after its introduction into the stomach. But this is not the case, as you may be convinced by the following experiments. Three ounces of diluted alcohol were

given to one dog; after a quarter of an hour we had a strong odour of alcohol in the blood, but none whatever in the lymph of the thoracic duct. Another dog took a solution of prussiate of potass; in a quarter of an hour the urine contained manifest traces of the substance, which was not found in the duct. A similar result is obtained after the administration of poisons. If the thoracic duct be tied, and an infusion of nux vomica be thrown up into the rectum, the animal will quickly be destroyed.

But if it be difficult to prove absorption by the lymphatics from the intestinal surface, it is still more so to establish its existence in the pulmonary membrane, in serous tissues, the skin, cellular tissues, &c., because the presence of lymphatic vessels in the greater part of those tissues is far from being demonstrated; yet the arachnoid, the hyaloid membrane, and that of the aqueous humour, absorb in a very active manner, although no anatomist has seen in them a single lymphatic vessel.

It becomes, therefore, necessary to seek for another explanation of the phenomena presented during absorption. It is in vain that we have recourse to "absorbing mouths," vessels endowed with a vital sensibility, by which they select and reject the substances offered to them; all these are mere chimeras of the imagination, or terms invented to cover our ignorance. We have been able, after many years of reflection and repeated observation, to offer a far different theory, one which you will not be called upon to believe without proof, but which is merely the expression of a fact that you shall see with your own eyes.

I was first conducted to the idea on which my theory rests, during the course of certain experiments which I made several years ago to determine the influence produced by plethora or anemia on absorption, when I remarked, that according to the fulness or emptiness of the circulating system, I could accelerate, retard, or even suspend altogether, the action of a poisonous substance. Having the phenomenon thus, as it were, in my power, I could study it at leisure. The regularity and constancy with which it was repeated, excluded the idea of what physiologists call vital action; it was much more rational to refer it to some physical cause, and amongst these, a capillary attraction, exercised by the parietes of the small vessels, was the most probable. On this supposition, the solid substances, not soluble in our humours, being unable to traverse the parietes of the small vessels, ought to resist absorption,—and such is the case. Solids, on the contrary, which are capable of combining with the tissues, or merely being dissolved in the blood, ought to be readily absorbed; and this again agrees with experience. The greater part of all liquids, as being fit to moisten or imbibe promptly the vascular parietes, ought to be taken up with rapidity, and such is the fact, as every one knows. Under the same hypothesis the absorbing property of the vessels should diminish as they become distended, and increase according to the number of small branches, &c.

If we grant this imbibing power in the parietes of the vessels, absorption is readily explained, because, as soon as the substance reaches the internal surface of the tube, it mixes with the blood, and is transported with that fluid to the heart.

I was also confirmed in my supposition, because I distinctly remembered that in destroying an animal with a poisoned arrow of Java, all the soft parts surrounding the wound, to the extent of several lines, were coloured yellow, and retained the bitter savour of the poison.

But these arguments are not sufficient to demonstrate my proposition with sufficient exactness. Let us have recourse to direct experiment, and show that in the tissues of the dead animal, this affinity of the vascular parietes is capable of producing imbibition of the substance placed in contact with them.

Here is one made on the jugular vein of a dog. A portion of the external jugular vein, deprived of all its cellular tissue, has been attached by either extremity to two glass tubes, in order to establish a current of warm water in its interior; the vein is now plunged in a fluid slightly acidulated, and the liquid which flows through the vessel is collected in a flask. There is no possibility of communication

between the current of warm water, and the external acidulated fluid. For a few minutes the liquid flowing through the vein does not show any change, but after five or six, the water has become sensibly acid: imbibition and absorption have therefore taken place here. You will see the same result with veins taken from the human body. But the phenomenon which you have just witnessed is not confined to the veins; the property of imbibition is equally possessed by the parietes of the arterial system. If we make a similar experiment with the arteries of a dog or a human subject, we shall obtain an analogous result, and the absorption will go on much more rapidly if the acidity and temperature of the external fluid be elevated. Thus if imbibition and absorption take place through dead vessels why should not they occur equally through the living ones?

It is easy to prove to you that the results are similar in both cases. Thus I have exposed and isolated in its whole extent the jugular vein of a dog, and carefully removed all the cellular tissue from its surface: I then placed it on a card, and dropped some aqueous solution of the extract of nux vomica on its surface, taking care that the poison touched nothing but the vein and the card; in four minutes the effects of the substance became manifest, and the dog died.

You may witness a similar phenomenon when a poison is placed upon an artery; but it is necessary to remember that the arteries of a living animal do not prevent the same physical conditions as the veins; their tissue is less spongy and more firm; their parietes are thicker, and constantly distended by the blood; hence we must expect a slower imbibition in the arteries, and this agrees with experience. A solution of nux vomica has been placed on the carotid artery of a rabbit, and more than one-quarter of an has hour elapsed before it traversed the vessel. It is easy to prove that the poison, in the present case, has actually entered into the circulation through the parietes of the vessel, and not been taken up by any small veins on its surface, for if you divide the artery, and taste the blood adherent to its inner wall, you will recognise at once the bitter taste of the poison.

It is thus positive that the parietes of the larger vessels absorb during life and after death; it now remains to show that the smaller vessels enjoy a similar property, and remark that their number, their tenuity, and the extent and thinness of their parietes, are so many conditions proper to favour the production of this phenomenon.

In order to develop it after death, we must find a membrane in whose vessels we can establish a current to imitate the course of the blood; for this purpose we will establish a current of water from the coronary artery to the vein, and thence to the auricle, while the pericardium is filled with an acidulated fluid; in a few seconds you will have traces of the acid in the fluid discharged into the auricle. So much for the smaller vessels in the dead body; in the living it is unnecessary to multiply experiments which would only tend to prove what is already familiar.

This, Gentlemen, we are enabled to establish, that all the bloodvessels, whether arterial or venous, whether dead or living, great or small, are possessed of a peculiar imbibing property, which is capable of explaining perfectly all the phenomena of absorption; or there is no part of the body in which vessels may not be traced in greater or less quantity. So imbibition takes place upon every surface, and in every tissue. This is readily demonstrated by the action of poisonous medicaments. If an injection of nux vomica be thrown up into the rectum of a dog, he is destroyed. A strongly poisonous fluid kills, no matter whether it be placed in the stomach, in the mouth, on the mucous or serous surfaces, on the naked skin. Everywhere you find imbibition, and consequent absorption, in proportion to vascularity and quickness of circulation.

SALIVATION BY SARSAPARILLA.—It is mentioned by Cox, in his Narrative of a Residence on the Columbia River, that several of his party who used the fresh sarsaparilla, which grows in abundance in this situation, were salivated by it. This fact is interesting as connected with the antisiphilitic and antimercurial powers of the remedy. We do not know whether the homœopathists have got possession of this circumstance, but if not they are heartily welcome to it.—*Dublin Journal.*

CLINICAL OBSERVATIONS

ON

VARIOUS DISEASES,

BY

MR. WARDROP.

FRACTURES OF LONG BONES.

Cases illustrating a Simple Mode of Treating Fractured Bones.

The subsequent cases are intended to show that splints, bandages, and the complicated mechanical contrivances usually employed in the treatment of fractures of the thigh bone, are not necessary in all cases, and may sometimes be altogether dispensed with.

Case 1.—An officer, upwards of sixty years of age, when rashly crossing a street in the dark, was knocked down by the pole of a carriage. He was removed to a neighbouring hotel, where I visited him, and on examination found that the thigh-bone was broken a little below the trochanter. Being placed in the recumbent posture on his back, and on a firmly-stuffed sofa, he readily found an easy position; the limb was extended, being placed in a natural attitude, and the vacuity below the joint of the knee was filled with dossils of tow. The limb being thus in a state of complete repose, I thought that as it was late at night, and as the patient was perfectly easy, little harm could arise from his remaining until morning without the application of the usual splints and bandages.

On the following day the limb had retained its position so accurately, and the patient had so much dread of moving it, that after a little reflection I determined to leave it alone, and not to apply any splint or bandage, but to wait until I could perceive the necessity for employing such mechanical means to keep the fractured ends of the bone in a state of rest.

A few days after the accident, the patient, who happened to be an officer in the Indian army, was visited by his military surgeon, who, finding him without any apparatus on his fractured limb, very strongly expressed his entire approbation of the plan of treatment I had adopted, adding, that during a long residence and an extensive practice in the East, he had always been in the habit of placing soldiers who had fractured limbs simply on the floor, without splints, where they were allowed to remain until the broken bone had united.

This remark gave me confidence in the plan I had hitherto pursued with this patient, and during the whole progress of the reunion and consolidation of the thigh-bone, it was never necessary to apply any splint or bandage. When he paid me a visit about twelve months afterwards, I had the satisfaction to find the reunion of the bone so accurate, that in walking not the least limp or disparity in the length of the two limbs was perceptible.

Case 2.—A youth, whilst at play on a very unequal piece of ground, stumbled, and fell with such force as to break his left thigh-bone. Three days after the accident I visited him, and found him in one of Earle's beds, consisting of two inclined moveable planes, with splints applied to the thigh. The limb appeared shortened, and there was a good deal of swelling and tension, with very considerable pain, which induced me to suggest the propriety of placing him in a level and firm bed, and to remove altogether the splint and bandages. This was accordingly done, not without pain, but his limb had been placed in this new position, without the bandages and splints, scarcely a few minutes, when he expressed greater ease than he had felt since the accident. The limb now appeared of its proper length, dossils of tow being put under the knee; he remained in this position without the smallest disposition to move, until about a fortnight after, when Mr. Baines, surgeon at Barnet, under whose care the youth was, applied a splint as a means of security, and he afterwards wrote to me:

'It will gratify you much to know, that on the length of the limbs being compared, no shortening appears, and I trust there will be no deformity whatever from the fracture. This termination gives great satisfaction to many parties, and particularly to myself." About twelve months after the accident his brother called on me, and stated that the cure was complete, and that no disparity could be perceived in the length of the two limbs.

Case 3.—Mr. Braine attended a female in the sixty-sixth year of her age, who had the thigh-bone fractured near the trochanter from falling down-stairs. He found her in bed, and so easy, that on proposing to apply a bandage and splints, she insisted upon not being moved, as she suffered no pain, and the limb was in an unexceptionable position. No inflammatory symptoms or fever supervened, and the limb, without any mechanical means, continued in the same position, until union took place, which in seven weeks was so complete as to enable her to walk.

Remarks.—The injurious effects which are produced by the use of splints and

bandages in the treatment of fractured bones, may frequently be observed, and I am convinced that in many cases and under many circumstances they may be well dispensed with. That such mechanical means are not always necessary is, indeed, proved by the accurate manner in which the broken bones of animals frequently unite.

While splints may no doubt be often employed, at least without mischief, there are, on the other hand, cases wherein they are decidedly hurtful; I allude to those in which the soft parts adjacent to the fracture are so injured or bruised that the pressure of bandages or other apparatus becomes a source of irritation, and thus creates more or less inflammation, which, instead of promoting the reunion of the fractured bone, retards that process, and I have known extensive suppuration take place in the soft parts, even from this cause alone.

In fractures of the lower limbs I would therefore strongly urge surgeons to consider in what cases or under what circumstances splints and bandages are requisite,—in what cases they are hurtful,—and when their application is nugatory. If they are not decidedly necessary, or *considered* improper, it is of great importance to attend to the kind of bed on which patients with fracture are to be placed, taking especial care that it is one plane surface, covered by a firm and equally stuffed mattress. Indeed, when there is any difficulty in getting a fit bed, it answers perfectly well to place a mattress or several folds of blanket on the floor of the apartment. Should the broken limb be placed in the position which gives least pain, and the broken extremities be in exact apposition, as in the cases which I have detailed, but slight means will be found requisite to keep the limb steadily in the same place. The pain which the least motion creates is quite sufficient to guard the patient from making the attempt to move it, and nothing more is requisite than placing a dossil of tow to fill up any inequalities, such as that in the ham or at the heel, preventing the smallest exertion or muscular action being made by the patient to support the limb, and thus allowing the fractured member to be in a perfectly quiescent state.

This simple mode of managing a fractured limb has also the advantage of admitting the ready employment of leeches, or such other local applications as may be requisite to subdue any inflammation at the seat of injury. When, indeed, the soft parts around the fracture are painful and swollen, it will be found an excellent general rule to apply leeches and poultices, in number and frequence proportionate to the degree of violence of the symptoms; and when the concomitant injury has been such as to create a general febrile excitement, then general blood-letting should be unhesitatingly adopted.

CLINICAL LECTURES ON SURGERY

DELIVERED BY

BARON DUPUYTREN,

During the Session of 1834, *at the*

HOTEL DIEU, PARIS.

Revised (before translation) by the Baron himself in the fasciculi of his "Lecons Orales de Clinique Chirurgicale," published periodically by G. Bailliere, Paris.

HERNIA.

ON STRANGULATION PRODUCED BY THE NECK OF THE SAC.

SURGEONS were for a long time of opinion, that every case of strangulation in inguinal hernia was produced by constriction of the ring on the intestine, and this erroneous idea has frequently given rise to fatal consequences. Guided by this principle, they divided extensively the inguinal ring, and returned the parts into the abdomen, imagining that they had removed the strangulation; but the accident did not cease after the operation, and the patients died, without the true cause of death being known.

These unfortunate results, Gentlemen, which I frequently had occasion to witness, fixed my attention, and became the object of inquiry; and I was soon led to imagine that the inguinal ring was not the only seat of strangulation; in fact, the dissections which I made, demonstrated, that in the greater number of cases the neck of the sac was the seat of the disease. My ideas on this point have been sanctioned by further experience; and I think I may affirm, that in nine cases of strangulation, eight depend on constriction at the neck of the sac; perhaps the proportion is even greater. Remark, however, that my observations apply merely to inguinal hernia, for the disposition of which I speak is more rarely found in crural or umbilical herniæ, where the structure of the parts explains the difference.

In order, Gentlemen, that you may perfectly understand the idea now laid down, it is necessary to define what we mean by strangulation. You cannot, in my opinion, have a more correct idea of what is expressed by the word strangulation: it is the following, viz. "the action either

foreign or an ordinary body pressing, with more or less force, the parts engaged within the sphere of its activity."

It is easy to deduce the consequences of such a pressure. The action of the parts is augmented, and the functions of life are altered, or the tissues are deprived of life, and gangrene supervenes.

Strangulation may exist at any point along the traject of the intestine, but it is most frequently seen at the openings through which the gut passes, viz. the inguinal ring and the crural arch. Some strangulations are internal, others external; I have observed fifteen species of the former, but in general the external are more numerous. It is scarcely necessary to mention that surgery can act with certainty only in external strangulations, and that we have little or no remedy for those which are internal. Besides these two species, there is a third, which may be called *mixed*, and which arises from the reduction *en masse* of a hernia. Many years ago the body of a female was brought into my amphitheatre, presenting nothing remarkable externally, but when the abdomen was opened, we saw behind the crural arch a tumour formed by the intestine; it was as long as half the fist, and of a livid red colour; a portion of the epiploon was engaged in the hernial sac. On examining the tumour, we found that a knuckle of intestine was gangrenous: the strangulation existed at the neck of the sac. I learned, on inquiry, that two days previously this female showed symptoms of strangulation, the taxis was employed, and the hernia restored; the surgeon thought it was reduced, when suddenly the accident returned, all treatment was vain, and the patient died in a very short time.

In other cases I have seen internal strangulation, the primitive cause of which was seated in the abdomen. An individual affected with hernia showed manifest symptoms of strangulation; I operated, but found nothing in the sac, except a portion of epiploon; I drew the intestine down, and perceived that the strangulated point lay on the inner side of the pubis; I brought it towards me, divided it, and the patient was cured.

But how is strangulation at the neck of the sac produced, and what are the anatomical dispositions which favour it? When the intestine descends at first, it pushes before it the peritoneum, which forms in the inguinal canal a kind of funnel, whose apex is turned downwards; but as soon as the tumour makes some progress, this state is reversed, and the narrowest point is placed uppermost. This change depends on the situation of the ring, the opening of which is so narrow that it does not permit a diameter of more than four or five lines at most. In proportion as the hernia increases, the neck of the sac becomes puckered and folded by the weight of the hernia, and by the tendency which the displaced peritoneum has to return on itself, a tendency proved by the obliteration of the tunica vaginalis in children, and by the form of the epiplocele, which is always thin near the ring, and voluminous at the bottom of the sac.

But the principal cause of the circular diminution of the neck of the sac depends on the application of trusses; the compression thus exercised on the neck of the opening puckers it, and even causes inflammation, which extends to the cremaster and cellular tissue; hence arise a narrowing of the neck, and the production of a fibrous or very dense structure about it. The neck may even become cartilaginous. The diameter of the neck, and its anatomical disposition, contribute equally to favour strangulation. In the greater number of cases the opening does not exceed three or four lines in diameter. Its thin sharp edges, formed by the peritoneum folded in an arch, render this strangulation more dangerous than that occasioned by the ring, which acts less powerfully on the intestine.

Besides this there is an anatomical circumstance which augments the facility of strangulation at the neck, viz., the state of individuals in whom the testicle descends into the scrotum several years after birth, and gives rise to a vaginal hernia. If you examine this latter species, you will constantly find this arrangement; the orifice by which the parts have descended is very narrow; its edges are very sharp. Below this you find the neck of the sac, the inguinal ring preserving its ordinary dimensions, and the kind of bag in which the displaced intestine is contained. Under these circumstances you have only to draw down the intestine in the sac, in order to produce an artificial strangulation, which illustrates what takes place during life.

I have just said, Gentlemen, that in a majority of cases strangulation takes place at the neck of the sac; it now becomes an important point to decide if the neck be fixed or moveable. Experience proves that it is always moveable, for the parts of which it is composed are united to the neighbouring structures by a very loose cellular tissue. The slight adherence of these parts, and their feeble union to the aponeurotic openings, explain why it is so easy to make the hernia ascend or descend.

Are we possessed of any peculiar symptoms by which strangulation at the neck

of the sac can be ascertained? I do not hesitate to answer in the affirmative, and would even say that we may distinguish the different species. Large herniæ are less subject to suffer strangulation at the neck of the sac than those that are cylindrical. But of all hernial tumours, the congenital most frequently present this disposition.

Let us now point out the circumstances which serve for our diagnosis. Whenever the strangulation exists at the neck of the sac, the whole, the moiety, one-third, the fourth even, of the hernial tumour may be pushed up *en masse*, and without any noise, into the abdomen, and be brought down again. For this, however, to take place, it is necessary that the hernia be cylindrical, the inguinal canal large, and the peritoneum unadherent. In more than forty cases we have succeeded in returning the tumour without any amelioration of the symptoms. If the tumour were situated at the ring, in the canal, or at its superior orifice, this movement would be impossible, on account of the inflexibility of those parts; while, on the contrary, the neck of the sac is, as we said, very moveable, from the laxity of the surrounding parts.

Before going any further I would remark, that above all things you should be on your guard against this apparent reduction, which deceives many practitioners, because, although it may be effected, the accident of strangulation persists. When you meet a case of this kind, you should endeavour to bring down the tumour by all the means possible. If you fail, divide the ring, and draw the intestine from above down. I have been obliged to act in this manner more than ten times, and have always done so with success. In these cases, also, the tumour remains tense, and, on touching it, you can generally distinguish a painful point; this is the seat of the hernia. In the same way, for example, after the operation for hernia, we can indicate the spot where the reduced intestine lies, by the increased sensibility which it possesses. Hence a tumour and a painful spot announce the existence of a hernia reduced *en masse*.

When the strangulation exists at the ring, that is, at the inferior orifice of the inguinal canal, the tumour formed by the hernia does not extend above this point. The whole traject of the canal is empty, supple, indolent to the touch, while the ring itself feels tense and hard. On the contrary, when strangulation exists at the neck of the sac, or, in other words, at the superior orifice of the canal, the latter is always full, hard, painful, and offers to the touch the sensation of a cylindrical tumour, directed from below upward, and from within out. You can even sometimes pass the finger between the displaced parts and the ring, so far is this orifice from producing the constriction. In some subjects, the strangulation exists all along the canal, and it is necessary to divide the parts from one end to the other on the superior surface. Sometimes there are two points of strangulation instead of one; there is a slight contraction at the ring, and a much greater constriction at the neck of the sac.

When the sac itself is very moveable, and may be pushed up, in part, into the abdomen, the strangulated point often ascends more or less above the inguinal canal. When the hernia has been reduced *en masse*, it may exist still further from the ring. This circumstance, Gentlemen, leads us, by a natural transition, to speak a few words on those strangulations which take place in the cavity of the abdomen. Here the danger is very considerable, and you can readily conceive the reason why. The seat of an external strangulation is well known to the surgeon, and the accident itself takes place in a determinate manner; there can, therefore, be no difficulty in the diagnosis; on the contrary, there is never a fixed situation for internal strangulation, whose presence depends on accidental or very variable circumstances, not on any constant organic disposition. There is, however, one species of internal strangulation, which we have denominated mixed, and which is the most common; this one is easily recognised, and succeeds the reduction of an hernia strangulated by the neck of its containing sac.

It may, perhaps, be objected, that these distinctions are of little utility. I have a ready answer to this:—I suppose an individual affected with strangulation at the neck of the sac, and that the inguinal ring is incised; what is the effect? as soon as the ring has been divided, the parts immediately enter the abdomen, as I had an opportunity of witnessing during an operation at which I assisted. I should remark *en passant*, that I had my doubts as to the success of that operation; the symptoms of strangulation continued, and it was thought the patient was attacked by peritonitis. He died, and the body being examined, we found the cause of death at the neck of the sac. Although the ring was freely divided, the parts remained strangulated.

This case shows you how important it is to determine the precise seat of the strangulation; for this purpose the operator should draw the intestine towards himself, and run his finger along the dis-

placed gut, in order to discover the nature of the obstacle. Here is another question. Does strangulation situated at the superior orifice of the canal, differ from that situated at the inferior part? Yes; there is a manifest difference. In the first case, the parts engaged are soon attacked with gangrene, on account of the thinness presented by the edges of this orifice occasioning a tight constriction on the neck of the sac; while the intestine is much less strongly compressed at the external orifice, whose edges are blunt and widely separated. A common ring will exemplify this sufficiently well; when round and large, it exercises little or no compression on a certain mass of parts passing through it; but when small, with sharp edges, it cuts rapidly through them.

As strangulation at the neck of the sac readily occasions disorganization of the parts, we should lose no time in operating, because it is difficult to reduce the hernia completely; and, on the other hand, the sharp edges by which the intestine is pinched, constantly tend to produce gangrene. The resistance offered by different tissues merits attention; the peritoneum resists, for a long time, pressure; but the mucous membrane is soon divided in a circle; when the strangulation has existed for two or three days, the cellular membrane is cut across, and finally, in some cases the peritoneum is divided, so that the least traction is sufficient to separate the two ends of the intestine. Hence, when we operate on a similar hernia, we should never draw the intestine before the parts are fully and freely divided, otherwise we expose the patient to an effusion of stercoral matter in the abdomen.

[We will, on another occasion, lay before the reader some cases illustrative of the principles laid down in the foregoing lecture.]

DISCOVERY OF

AN INSECT IN ITCH,

By Experiments lately made at the Hopital St. Louis, Paris.

THE antiquity of the disease vulgarly denoted *the itch* will not be contested, and nearly of as ancient a date has been the popular opinion that it is accompanied by an insect to which the appellation *acarus scabiei* has been given. The popular supposition has always existed, not so that of the learned; for although at periods it has by some authors been zealously adopted, it has at others been as obstinately repudiated. The existence of the acarus, however, as an attendant on the itch, is now placed beyond doubt by late experiments at the *Hopital St. Louis* in Paris.

Gale, the French word used to express *itch*, is by some derived from the Latin *callus*, but according to a more judicious etymology it takes its origin from the Latin *galla*, a nutgall,—a supposition which, if correct, would show the antiquity of the belief that an insect is present in the itch, just as the nutgall is produced by the *cynips quercusfolii* on the leaves of the *quercus infectoria*. The Arabian physicians, and particularly AVENZOAR, firmly believed in the presence of an insect in the itch. It was distinctly described by MOFFAT, an English author, who wrote in the beginning of the 17th century. Among the Italians, REDI and BONONIO have noticed this insect, and the latter author has given a particular description of its physical characters and its habits. After these writers came LINNÆUS, who confounded it with the mite of cheese. It was subsequently made an object of special research by DE GEER, who described it so well, and gave so accurate a drawing of the insect, that it was called the *acarus of De Geer*. M. LATREILLE has placed it among the genus *sarcopte*.

In 1812 the subject again became a matter of dispute, and a series of experiments were instituted in Paris, the result of which was, that the acarus was found, and exhibited to the eyes of both the credulous and the incredulous, and its existence was once more considered an article of medical faith. However, at a subsequent period, M. LUGOL, who had for six years taught the existence of the acarus in his lectures on diseases of the skin, on being appointed to the *Hopital St. Louis*, considered it unworthy of an hospital professor to call on his pupil to believe anything in the absence of ocular demonstration which was within reach. Accordingly, pins, needles, and various probing instruments, together with microscopes, were again in requisition, and employed most assiduously by M. LUGOL and his class, but, strange to say, the acarus, formerly so complaisant, evaded every research. Other microscopes of greater power were provided, but after several days of scrupulous examination nothing was found.

M. LUGOL, from being a firm believer in the existence of the acarus, became, from this time, a decided sceptic, and so fully was he convinced of the impossibility of finding this insect, that, in a conversation with M. ALIBERT, who rather leant to the opposite doctrine, he declared

he would give a prize of three hundred francs to the first student who should extract an acarus in his presence. This challenge was thrown out in 1828, but not until 1834 was it met. Not that the interval was allowed to pass without repeated attempts to discover the insect. Several students sought for it in vain. M. GALES, the head apothecary at *St. Louis* in 1812, showed what he described as the acarus, and wrote a thesis thereon, accompanied by a drawing, but the insect figured by him was recognised to be nothing more than the mite of cheese. Whether he found the real insect or not is a matter of doubt, but no doubt can exist as to the incorrectness of the drawing he has given.

Three days were devoted to a further investigation at the *Hotel Dieu*,—a doctor of the faculty of Paris presiding, M. RASPAIL being present, but the three sittings were unavailing. Some time afterwards M. MEMER, a naval surgeon, came to the *Hopital St. Louis*, and boasted of having found the acarus; but what he exhibited was nothing but the mite of flour. Believers in the acarus now lost ground, and said little about it, referring to it at all in their lectures only very cautiously. Even the courageous ALIBERT preferred laying before his class the host of great names in favour of the acarus, to declaring to his pupils his own conviction on the subject.

Thus matters stood, when, about the beginning of August last, a girl presented herself at the consultation room of the *Hopital St. Louis*, to be treated for what she called the itch. Some doubt arising as to the exact nature of the eruption, M. RENUCCI, an Italian student, offered to remove all difficulty as to the diagnosis, by ascertaining the presence or absence of the acarus, which he said was so commonly found in cases of itch in his country, that the peasants extracted them from each other with pins or needles.

No objection being made to the experiment, M. RENUCCI examined the girl's hand, and in an instant extracted a small roundish demi-transparent body, of about two-thirds the size of an ordinary cheese mite, and exhibited it in presence of a number of students of the hospital. On being placed on black paper, or on the nail, this whitish speck exhibited the power of locomotion, scampering about with activity, unaware of the noise it might make in the annals of science. On the arrival of M. ALIBERT (as it was that professor's morning for receiving patients), the facts were detailed by M. GERDY the *interne*, when M. ALIBERT ordered a *proces verbal*, or report of the circumstance, to be drawn up and signed by the students present (thirty in number), reminding them, at the same time, of the 300 francs offered by M. LUGOL.

A short account of the discovery appeared in one of the medical journals, and elicited a reply from M. LUGOL questioning the reality of the occurrence, and treating it as a fresh mystification. But M. RENUCCI was not to be deterred from pressing his claim to the merit of the "discovery," and, backed by M. ALIBERT, inserted a rejoinder, offering to extract the acarus alive before M. LUGOL himself, or the whole faculty.

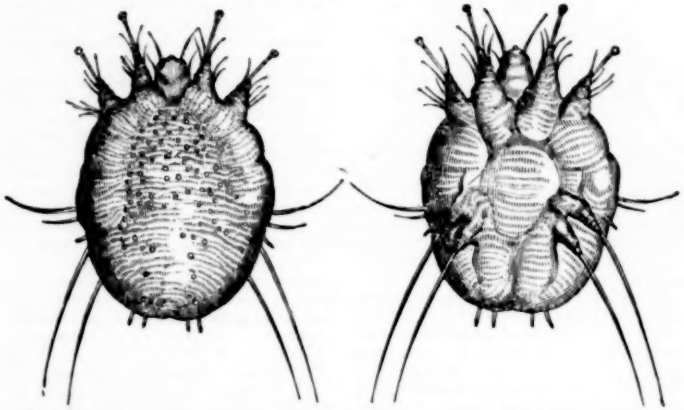
The affair now began to cause some excitement; nothing was talked of, or looked for, in the hospital, but the acarus; the wards allotted to itch patients, heretofore so quiet, were now thronged with students and visitors, anxious to discover or view the long-disputed insect. The day appointed for convincing M. LUGOL arrived, and with it a number of scientific persons; amongst others was M. RASPAIL. Several acari were extracted, placed under the microscope, and seen as plainly as an insect of that magnitude could be. M. LUGOL'S doubts vanished before the mass of living evidence, and, addressing M. RENUCCI, congratulated him upon his success and upon the benefit he had thus conferred upon science, at the same time assuring him that the prize of 300 francs should be forthcoming, as soon as he wished to claim it. Upon this occasion M. ALIBERT declared that the reward should not be limited to 300 francs, but that he would add a gold medal, bearing the name of the discoverer and the date of the event. Praise is due to M. ALIBERT for his efforts on this occasion, and his encouragement of M. RENUCCI, whose exertions would otherwise most probably not have been successfully made. But few insects were found during the first experiments, but, stimulated to perseverance by the persuasions of M. ALIBERT, the searchers for the acari produced them at last *en masse*, and during repeated sittings, and thus forced conviction on unbelievers.

According to M. RENUCCI, the *acarus*, or *itch ciron*, is never to be found in the vesicle. It appears, however, that M. GERDY junior has in two cases extracted the insect from the vesicle, in which situation it has occasionally but very rarely been found by others. In the great majority of cases the acarus is only to be met with in a small epidermic canal, probably excavated by itself, invariably terminated by one of its extremities in the vesicle, either straight or tortuous, and varying in length from one to three lines. The raised epidermis forming the vault of that canal,

presents a grayish yellow dull aspect, which is interrupted most generally towards its non-vesicular extremity, by a dull white opaque speck, betraying the position of the insect, and owing the difference of its hue to the same cause. This extra-vesicular position, combined with the minuteness of the insect, partly explains the fruitlessness of past researches. As it seems to be found that temperature exercises much influence upon the activity and bulk of the insect, the season may furnish an additional explanation of the want of success upon former occasions. Such being the remarkable position of the insect, it is only necessary to take a fine needle, and, having previously washed the vicinity of a vesicle, to penetrate the vault of the subdermic groove as delicately as possible, so as to avoid mutilating the little creature which it contains, and, having captured it, to withdraw it, clinging to the point of the instrument. Place the little shapeless, opaque, whitish body in the field of a strong microscope, and you will be amply gratified by finding this almost imperceptible and inorganic-looking mass start into an insect, having limbs, joints, feelers, &c. We have repeatedly seen and examined the insect by transmitted and reflected light, and can vouch for the following description drawn up by the celebrated RASPAIL :—

"The *acarus scabiei*, seen through the microscope, presents the form of a tortoise, a shining surface, more transparent in the centre than at the circumference, of a white opaque colour. Its other shades would appear to be the result of the division of luminous rays passing through the lens. The head, which may be considered as a perfect retracting sucker, is provided at each side with two articulated feet, terminating, at the tarsus, in a funnel-shaped prolongation. The insect is armed with four additional feet, longer than the former, but without the funnel-shaped appendage; this articulation is not at the sides, like those of the horse-acarus, but underneath the belly; on the back is perceived a number of eccentric lines at short intervals, and having the appearance of joints; the belly presents several dark-coloured spots; the body and legs seemed furnished with a quantity of hair of unequal length."

The following engraving represents the *Acarus Scabiei*, immensely magnified. The actual size of the insect is about that of the mark which would be left on paper by the gentle insertion of the sharp extremity of the finest needle.



Such is the appearance of the insect as it has been extracted from an immense number of itch patients (who had not commenced any treatment—a necessary condition), and as it has been seen and examined by several distinguished medical men in this capital. There is some doubt as to the number of feet upon which the insect moves, some observers noting eight, and others only six, a difference which is attributed by M. CLOQUET to the relative age of the insect, and by M. GALES to the difference of sex.

The existence of the acarus is, then, placed beyond doubt, but its relation to scabies is in clouds and darkness. Is it the cause of the vesicle, and if so, how? Is the vesicle caused by the deposition of its eggs, the development of which determines inflammation—or by the deposit of a poison,—by irritation produced by its members,—or by its bite? Or does it

show itself in the individual merely in consequence of the attraction produced by the itch matter, or the filth attached to the person?

A delirium of joy at this discovery every day betrays itself in the amphitheatre of the *Hôpital St. Louis*. When it has subsided, a solution of these questions may be effected by careful and continued research. The only rational attempt as yet made towards this solution, is that of ALBIN GRAS, a student at the hospital. This gentleman submitted his arm to a troop of these parasitical insects, and obtained a development of some characteristic vesicles. A subsequent intolerable itching, combined with the external characters, left little doubt as to the power of these insects to communicate the disease. But still the question is not decided, because the matter adhering to the insects may have been the cause of the vesicles, instead of the irritation simply produced by its presence. It has indeed been proposed by one of the professors (seriously?) to submit the insect to the action of a warm-bath before inserting it under the epidermis, and to pay particular attention to washing, brushing, and drying its feet! The experiments are still in progress. J. F. S.

Sept. 30th, 1834.

EMPLOYMENT OF

LAUREL LEAVES IN TIC DOULOUREUX.

To the Editor of THE LANCET.

SIR,—Having read in your last Number (page 939, Vol. II., 1833-34) a review of Mr. Scott's work on tic douloureux, and more especially on the subject of local applications in that disease, permit me to add another and a more gentle remedy, which I have found to be extremely efficacious during the paroxysms of the ailment, and even to remove the affection altogether. It is simply to apply to the pained part a cataplasm of *well-bruised laurel leaves* for a quarter of an hour or so, until a slight erythema is produced on the skin. It is somewhat curious that even when this remedy is applied on the cheek, surrounded by a wineglass, the smell of the leaf becomes apparent to those who are around the patient, during each pulmonary exhalation, and the peculiar taste is felt in the mouth. It is thus manifest that the therapeutical principle comes into contact with the immediate seat of the disease.

Reasoning on this fact, and on the great sympathy existing between the stomach and the remoter parts of the body, perhaps some of the readers of your widely-extended Journal would have the goodness to try what effect the internal use of these leaves would have in obstinate cases of this nature, of a purely dynamic character—of course as an alterative, beginning with a grain or so three times a day, and gradually adding to the doses until some decided effect was produced. From your well-known liberality, I feel confident you will be kind enough to publish the results, even if unsuccessful. I am, Sir, your very obedient servant,

CHARLES LOUDON, M.D.

Leamington Spa, Warwickshire,
Sept. 24, 1834.

MERCURIAL INUNCTION IN ERYSIPELAS.

To the Editor of THE LANCET.

SIR,—Having been induced by the favourable notice taken in your journal of the treatment of erysipelas by means of "mercurial inunction on the inflamed surface," as lately adopted in some of the French hospitals, to try its efficacy when combined with the administration of minute doses of tartarized antimony, in several cases of that formidable disease which fell under my care in *Mercer's Hospital*, in the course of the last spring and summer, I gladly avail myself of your pages, to bring the result to the observation of the members of the profession, in hopes that they may be induced to follow up the inquiry, by subjecting the practice to a more extended trial, so that its claims to preference over those in general use (if any) may be ascertained, and the prejudices existing in the minds of some against the employment of unctuous applications in this form of inflammation, obviated.

The plan of treatment consisted (the bowels having been previously well freed by a bolus of calomel and jalap, succeeded, when necessary, by a purgative draught of salts and senna) in the inunction of ʒss of mercurial ointment, night and morning, on the inflamed surface, over which warm fomentation cloths were applied, and the whole enveloped in oiled silk or prepared Indian rubber cloth, so as to prevent evaporation and retain the heat, — saline draughts, containing from $\frac{1}{12}$ to $\frac{1}{4}$ gr. of Ant. Tart., being prescribed every third or fourth hour, so long

as the state of the tongue, pulse, or absence of secretions, appeared to indicate their use, while wherever phlegmonoid symptoms ran high, topical bleeding, by means of leeches, was freely had recourse to, the ointment being merely washed from the part, and its use suspended during their application, and instantly reapplied over the bleeding surface when the leeches dropped off. Under this plan of treatment the symptoms quickly yielded, the activity of the absorbents not appearing in any case to be impeded by the congested state of the vessels, while the rapidity with which the system was, in some instances, brought under the specific mercurial action (profuse ptyalism on one occasion setting in after the use of only ʒii of the ointment) was very remarkable. It was rarely found necessary to push the remedy beyond the effect of slightly touching the mouth, when, generally, such a subsidence of the fever and inflammatory symptoms was produced, as to render all further perseverance in the use of the ointment unnecessary. Desquamation was seldom protracted beyond the fourth or fifth day, and the patient was usually pronounced convalescent by the end of the week. While in several patients who were treated at the same time, and in the same hospital without the ointment, the average period of convalescence was much later. Under these circumstances, I feel justified in recommending the inunction of the mercurial ointment over the inflamed surface in erysipelas, to the favourable notice of the profession, as a valuable addition to the remedies we heretofore possessed for the treatment of that intractable disease. I have the honour to be, Sir, your obedient servant,

WILLIAM AUCHINLECK.

Lower Dominick-street, Dublin,
24th September, 1834.

BRISTOL INFIRMARY.

Results of Operations for the removal of a Tumour and the Ligature of the External Iliac.

To the Editor of THE LANCET.

SIR,—In your publication of the 15th of June, 1833, there is a notice respecting the placing of a ligature upon the external iliac artery, and in THE LANCET for the 14th of June last, there is an account of the removal of a tumour, weighing six pounds, which hung down from the pubes to a few inches below the knees, in a female.

As many gentlemen who were present at those operations, and who are now scattered over the world, may feel an interest in the final results of the cases, I send this letter to you as the most probable means of its falling under their eye.

From *Elizabeth Harris*, I, a short time since, received a letter, stating that she was in every respect perfectly well, and felt greatly relieved by the absence of her fourteen-year burden.

John Rickets also came to the house to show himself, a few days since. Nothing remains now relating to the aneurysm but the cicatrix on the abdomen. There is no difference of appearance in either groin; he moves each thigh equally well; and is, indeed, so entirely recovered, that he is now employed in the police department in this city,—an office which, of course, must occasionally call upon him for considerable exertion.

I remain, yours truly,

RICHARD SMITH,
Senior-Surgeon to the Bristol Infirmary.

30th September, 1834.

AFFECTIONS OF THE TEETH

SIMULATING NEURALGIA.

To the Editor of THE LANCET.

SIR,—The following remarks on the difficulty which sometimes occurs in the diagnosis of toothach may possibly be found useful to the unexperienced, and should you think them worthy of insertion in your spirited publication, they are at your service. In general there exists no difficulty in distinguishing the toothach from other affections of the mouth and face; but it occasionally happens, that the symptoms of odontalgia assume so much the character of neuralgia, as to render it liable for the one to be mistaken for the other, as in the subjoined case.

A lady, in the country, wished me to visit her on account of a severe pain in the face, which had afflicted her for some days. She represented it as originating in the neighbourhood of the ear, and thence radiating in all directions across the face. The pain was of a lancinating kind, intermittent in its character, and irrelievable by any means that had been tried. The patient was herself persuaded that it was not toothach, but considered it to be a neuralgic affection, to which she was subject, and for which she had, on a former attack, been successfully treated with internal medicines. However, no appearance of decay could be found in any of the teeth; neither had the patient felt the

slightest pain in any of them. The case was, therefore, regarded as one of neuralgia, and treated as such, but without relief to the patient, who became anxious that some other means should be tried, when I was again induced to inspect the teeth. The examination, however, was as unsatisfactory as before. But, fortunately, on resorting to the experiment of *striking* the teeth on the side affected, I instantly discovered the source of the patient's misery, for on tapping one of them the lady shrieked loudly, and almost sprang out of the chair. Of course the tooth was immediately extracted, and examined, when a small decayed spot was found to exist in it on the side which was in contact with the next tooth. It need hardly be added that the extraction was followed by immediate cure.

It may be worthy of mention, that this lady, when labouring under one of the attacks of neuralgia which she suffered some years ago, consulted an experienced surgeon, who advised the extraction of a tooth, which he thought was the cause of her suffering, but the drawing of the tooth afforded no relief, and she was ultimately cured by emetics and other internal remedies.

A man some time back came to me for advice for what he considered to be rheumatism of the face, as he declared that all his teeth were sound, and that the pain did not at all resemble toothach, in which he was well experienced. I inspected the teeth without finding decay in them; but on smartly striking them, one of the dentes sapientiæ gave much pain, and when extracted proved to be unsound, though in a part so concealed, and the spot was so small as to account for the impossibility of seeing the disease whilst in its socket.

Your review of Mr. Scott's work on tic douloureux, has induced me to transmit you the foregoing observations, as they appear to me calculated to prevent some mistakes, into which a young practitioner might easily fall, and I shall conclude by remarking, 1st. That the process of tapping the teeth is the only certain method, at least as far as I know, of forming a right diagnosis in cases of a dubious character, such as were the two above noticed; 2ndly. That though the pain in actual neuralgia of the face may, and indeed generally is, increased by striking the teeth with the forceps, yet the pain is not confined to a single tooth, but affects all the teeth in an equal degree.

I am, Sir, your obedient servant,
ROBERT EMINSON, Surgeon.
30, Great Dover Road, Borough,
September 22nd, 1834.

SMALL AND FREQUENT DOSES OF CALOMEL IN CHOLERA.

Remarks by Dr. AYRE *on the Letter of Dr.* PEACOCK.

FROM a communication which we have this week received for publication from Dr. AYRE, of Hull, we extract the following comments on the letter of Dr. Peacock, relative to the employment of single-grain doses of calomel in cholera, inserted in our journal of the 20th September. Dr. AYRE is, indubitably, entitled to an affirmative award on every claim which he makes:—

"To the averments of Dr. Peacock, which are to me wholly inexplicable on any recognised rule of literary justice, I shall content myself with replying by a simple narration of facts:—

"It was only in October 1832 that Dr. Peacock, by his own admission, communicated for the *first* time to the public his adoption of the treatment with small doses of calomel. But it was in the December of the *preceding* year that I visited and introduced *that* practice into Newcastle, and so early as the end of *January*, 1832; and full *eight months before* he resorted to the practice, I had letters from different gentlemen of that town, acquainting me that many of them there exclusively relied on it, and that those who steadily employed it had found it to be eminently successful. Darlington, where Dr. Peacock and his partner reside, is only thirty miles from Newcastle; and even if he did not inquire, he could scarcely fail to be told of the methods of treatment pursued there. But further, as early as *April* of *that* year, I had begun my communications to your journal in recommendation of single-grain doses of calomel, repeated every five or ten minutes, and in every letter renewed with earnestness the pressing advice to give it *exclusively*, uniting a single drop of laudanum with each dose, solely to correct an incidental effect of it, and to abstain from, or discontinue the use of it, as early as the disease would allow. This practice became known to almost every practitioner of the kingdom, and was noticed by every medical journal of the time; and this, too, full *four months* before Dr. Peacock had begun to try it, and even before he had seen the disease, or had endeavoured to cure it by the Indian plan of large doses.

"But an attempt is made by Dr. Peacock to show that his practice of giving calomel in single-grain doses differs essentially and radically from mine, because he

gives the same dose *invariably* in all cases, and to infants, therefore, I presume, as well as to adults, and *invariably* every ten minutes, and without, of course, any regard to the intensity of the collapse, or the advance it is making towards its termination. But besides his not copying my plan of giving the calomel every five, ten, or fifteen minutes, as the case may require, beginning generally, as is my rule, with it every five minutes, and sometimes giving only half a grain, and to infants only a third of one, he disclaims the imputed imitation of my practice, and asserts his pretensions to originality on the ground that I allow, or ordered, bags of warm sand to the feet, and, I suppose, though he does not name them, frictions for the limbs affected with cramp, with cataplasms of mustard to the stomach, and enemata of starch for the bowels, and a drop of laudanum to be given for a short time with each pill, to obviate the incidental inconveniences of it. Thus upon these grounds it is that Dr. Peacock has attempted to establish his claim to having originated a practice, as he asserts it to be, perfectly distinct from mine, and which, to quote his own illustration of his conception of it, he declares to be 'as unlike mine as the word Munton is to Monmouth.' But Dr. Peacock must know that these means are not auxiliaries to the calomel, nor were given as such, as *aiding its specific effect*, or tending in any way to interfere with or mar it; and that it has always been a point earnestly insisted on by me, to *give* the calomel and *rely* upon it *exclusively*, and to limit the use of other means to the purpose of obviating chiefly the incidental effects of the remedy, and for relieving the sufferings of, and sustaining the patient, through, the perils of the collapse.

"Hull, Sept. 25th, 1834."

At the late meeting of the British Association at Edinburgh,—Dr. Macdonnell read a very curious paper, showing that the variations of the pulse produced by posture are independent of muscular action; the acceleration always following the angle of inclination of the body, whether the patient be asleep or awake.

Dr. Bushnan exhibited some worms which he asserted had been found in the blood of a female. A discussion ensued, during which several medical men declared that they had ascertained the woman to be an impostor, and that the worms, when examined by Mr. Rhind, had proved to be the same that are found in common ditch-water.

SKETCHES

OF THE

MEDICAL PROFESSION IN IRELAND.

NEW SERIES. No. 1.

THE ZOOLOGICAL GARDENS, PHŒNIX PARK, DUBLIN.

When Epimenides awoke from his slumber of half a century, it is said that he found his native country so changed, that he could scarcely recognise its identity. If, instead of tending flocks on the lovely hills of Crete, the pastoral sage had been cast among "the shoals and quicksands" of later times, and, by some casualty, had been removed from the ever-shifting scene of our modern transformations, what would have been his surprise on beholding the metamorphoses which had taken place during an absence in which the preparatory conceptions of ages would seem to have been evolved almost in a single day!

Feelings, such as we thus faintly endeavour to represent, fill our mind, when we look around and observe the verdure of a new social creation beginning to clothe in its beauty the ruins of that from which we consigned ourselves to a temporary exile.

On resuming our place among old friends and old associations, we cannot help imagining ourselves, like the philosopher of Crete, as if launched into a world from which time had effaced every vestige of its former condition, and impressed it with new features and new characters. Other men, other opinions, other institutes, have sprung up on its surface, in obedience to that law whose essence would appear to be revolution, and under whose omnipotent jurisdiction human power has no permanence, human statutes have no stability, human designs no duration, save those allotted them for the accomplishment of better and ulterior objects in the progressive scale of regeneration and improvement. Where are now those gothic piles of scholastic pride and corporate power—those aristocratic domes and halls, once replete with pomp and pedantry—those fortresses thrown up amid the fair domains of science, to protect her interests and extend her conquests, but which rose above them only to repress her exertions, or to prostitute her vestal purity to unhallowed purposes?—Where are they now, with their motley pageantry of edicts and decrees, of seals and charters, of maces mingled with mitres, which we left behind us in

all the plenitude of their might; but with the irresistible energies of knowledge in active operation beneath their foundations—where are they? Still existing, indeed; "in outward form and shape the same;" but deprived of their dominion, curtailed of their consequence, and closely pinioned in the grasp of public opinion, as some lost city in the embrace of the lava which conceals it from our view. A few years more, and even these powerless remnants of their existence shall have passed away, shall be forgotten, or spoken of only as things which lie buried deep in the records of history, like those sunk islands of Atlantis and Lectonia, mentioned by PLATO and by PLINY, over which the waves of the Atlantic and Mediterranean now roll their trackless career. Peace be to their departed greatness! For the present let them rest, and with them even the remembrance of the evils which they have done, while we rise lustrated, we trust, from our struggle with their impure spirit, to survey the productions which have grown up to supply their place.

Of these there are few more remarkable, or perhaps more important, than the Zoological Gardens of the Phœnix Park, for which we are indebted to many concurrent causes. Banished in a great measure from our shores by an imprudent policy which made not the author of it the richer, but us "poor indeed," a taste for the refined pleasures of science, and the means of ministering to its pure enjoyments, sprung up amongst us with the removal of some of those fertile sources of political discord, which had hitherto kept it in abeyance. After many ages of unparalleled oppression, for the infliction of which the future historian of England may well be embarrassed to discover a rational motive, the good sense of that nation prevailed over her proverbial prejudices, and at length raised seven millions of her own subjects to the dignity and independence of free men.

It is impossible for those whose recollection does not extend back to these extremes of light and shade in the historical picture of our social condition, to believe the change which the transition from thraldom to liberty at once effected in the national mind. The current of thought, so long distracted from its legitimate course, flowed back into its proper channel, while those vehicles of public opinion, which had before but fed while they expressed the popular discontent, assumed a milder tone and altered appearance. At the prospect of future amelioration which this solitary act of British justice disclosed, the journals, as if by common consent, flung away for awhile the poisoned arrows of political and religious warfare, and exhibited the gratifying spectacle of a general oblivion of past wrongs in the cultivation of literature and science.

It was partly in one of those moments of national reconciliation and rejoicement (as fleeting, alas! and as uncertain in moral horizon as gleams of sunshine amidst April showers) that the proposition for establishing these gardens was announced; and the zeal with which the project was hailed, and the rapidity with which it was executed, demonstrate how much might be accomplished for the advancement of knowledge by the concentrated energies of the country. The educated, indeed, among every sect, party, and profession throughout Ireland, contributed the sanction of their names and their pecuniary aid to the support of this novel and interesting undertaking, in the front of which the venerable veteran in the cause of Irish science, Dr. WHITBY STOKES, might be seen exerting himself with all the enthusiasm of his greener years. To him and the surgeon-general, Mr. CRAMPTON, whose eloquent appeals in its behalf were only surpassed by the munificence of his donations, the institution is much indebted for its organization and success. Even the VICEROY, who so seldom deigns to take a part in the extra-official affairs of a country in which he keeps a camp rather than a court, condescended his patronage on the occasion, and generously allocated a portion of the vice-regal demesne for the accommodation of the infant establishment. Thus, almost for the first time, the collective exertions of all classes in the advancement of this national speculation, hung out in the vista of futurity an emblem of hope, in which the blendid tints of opinion proclaimed that the storm of political discord was about to die away, and the waters of social bitterness to subside. It would seem, indeed, as if the public taste had seized on the subject and the opportunity, as peculiarly adapted for solemnizing the reunion of the jarring elements of Irish society; and it must be confessed that there was something more than allegorical propriety evinced in making the congregation of the wild and warring inhabitants of the earth a symbol of the "feræ naturæ" of the Irish soil, yoked together in the triumphal car of peace and science!

The site of these gardens was happily selected. In appropriating it to its present uses, art has paid a just tribute to the beauty of nature. They occupy an inclosure of ground in the north-east extremity of the Phœnix Park, within a few

minutes walk of almost every part of the city. The extent and variety of the fine plain on which they stand, add considerably to the locality of their specific attraction. With it the parks of London, the swampy meadows of Edinburgh, or even the prata of Vienna, sink into comparative insignificance. From the elevated angle of this plain occupied by the gardens, many of the more prominent features of the landscape in the vicinity of Dublin are observable. The city, with its spires and domes; the military hospitals of the park and of Kilmainham, the vice-regal lodge, and the Wellington obelisk (the loftiest single column in Europe), mingle their several architectural beauties with the clumps of aged elms and groups of hawthorns profusely scattered over the plain, and form a picture of much rural and artificial beauty.

Further on, the dark and frowning form of Howth—the tranquil memento of Vesuvius to the wanderer in the Irish Channel—the broad expanse and wooded outline of the semicircular bay, with its light-house rising in its centre—the Pharos of the port of Dublin; the opposite eminences of Killiney, with the conical summit of the sugar-loaf mountain — the *Aiguille de Dru* of Wicklow; and the still loftier and more massy range of Jouce and its kindred elevations, bound the southern horizon with a series of grand and picturesque objects. The gardens themselves are sufficiently wooded to give shelter and effect to the various improvements and edifices which they contain. Along the edge of the sloping bank which forms this southern boundary there is a pond of considerable extent, over the margins of which hang in profusion the graceful panicles and foliage of the reed and manna-grass. Immediately behind these, and presenting with them the contrasted characters of land and aquatic plants, rises a belt of underwood, dense, dark, and irregular, as an Asiatic jungle, or the natural haunts of the various animals which now find an appropriate asylum in its shade.

Though yet in its infancy, and far from complete as a collection, the establishment has been, so far, quite successful; being now not only capable of supporting itself, but of extending its resources and attractions. Its walks, indeed, present daily a spectacle of the most lively interest to the philosophic observer, crowded as they generally are, with visitors of every grade and calling in society, forgetting for a while the cares of active life, or dissipating the listlessness of ease and indolence in this panoramic epitome of the animal kingdom. Nor should we be surprised that success so signal has hitherto crowned its career. The desire of beholding the forms and witnessing the habits peculiar to strange animals, may be considered an instinct of our nature. Connected with us by the sympathetic link of a common vitality and organization, their presence awakens in us some of our earliest and most interesting recollections. To the charms of their natural history and the influence exerted over our infant imagination by their rude representations, most of us are indebted for the first enjoyment of the pleasures of literature. Of whose knowledge, no matter how extensive or profound, does not the simple description, the rude wood-cut, and the cunning fable, which these creatures are made our first instructors, form a parental part? Or what portion of our more advanced studies excites our attention or rouses all our sympathies more intensely than the fate of ACTÆON, the chase of CALYDON, and the excursion of ASCANIUS in search of Afric's fiercest game with his youthful companions,—pictures in which one or other of these beings captivates the fancy with all the power of romance? They are our earliest,—perhaps the best suited to become our latest,—preceptors in wisdom and truth.

These gardens, indeed, are but the class-book of the boy grown into manhood, in which the sources of pleasure and of knowledge would seem to expand with the maturation of his intellect and his judgment, and in which he is sure, no matter how long or how keenly he looks, to discover some new subject of admiration,—some additional evidence of wisdom, goodness, and design. The emotions to which they give birth are too refined to be estimated by the cold calculations of finance,—the consequences to which they lead too valuable to be weighed in the scale against the sordid dross with which they are bought. From them the humblest classes of society may derive those gratifications of curiosity which the pride and power of imperial Rome could not procure for the indulgence of its populace, pure and unsullied by the sanguinary atrocities of the Circus. Here their contents, happily, are not offered up on the altar of a false and frigid philosophy, to writhe and bleed under the *arma decretoria* of the gladiator, or the essedarius. In their dedication to the rational ends of science and of amusement the *arma lusoria* alone of kindness and protection are employed. Often have we contemplated with delight the prospect presented in them of a Sunday afternoon, with their walks filled by artisans, forgetting, in the spectacle before them, the toils and troubles of the previous week; and

have contrasted it, with pleasure, with the reeking scenes and maddening exhilaration of the deserted taverns of the town.

And yet we are told that the keeping of the Sabbath is spoken of as a pretext for closing these gardens against those who can visit them on no other day, and who would be driven by the order to a violation of the day most criminal, and most destructive to their morals and their health. When the virtuous heroine of the French revolution stretched forth her neck to the executioner of the blood-thirsty mob, she significantly exclaimed, "O! Liberty, what crimes are committed in thy name!" We need scarcely substitute the word religion for liberty in the ejaculation, or ask how many follies in these times are committed under its sanction! We trust that this feeler of a gloomy fanaticism, which mistakes the letter for the spirit of revelation, will be repelled by the good sense of the proprietors of the place which, under such a preposterous ordennance, would be deprived of half its worth and a great moiety of its support. No, it must not be that the wearied mechanic, the exhausted follower of a literary, professional, or mercantile life, shall be excluded from the enjoyment of scenes similar to those in which the greatest and best of minds in every age and clime have found refreshment and repose. In the study of nature and her countless productions it was that the SCIPIOS—*duo fulmina belli*—when driven by the ingratitude of their country into retirement, found a soothing and suitable occupation at Liternum and Caijeta; that CICERO found rest and a refuge from the labours of the Forum and the cares of the state in Tusculanum and its "cool retreats;" and the mighty minds of a PLATO and an ARISTOTLE threw off the burden of meditation in social converse midst the groves of Academus and the Lyceum.

In these gardens, all beautiful as they are, and deeply as we regret the discovery, we already begin to perceive the germs of decay, which, if not remedied in time, will ultimately lead to their destruction. The moral blight of misrule, more subtile and diffusible than the reproductive sporules of vegetable fungi, which float invisible through the air, has already fixed itself upon their constitution. One by one our poor favourites will pine away, the victims of hunger and the mange; the admiring visitor will discontinue his accustomed walk disgusted with the scene; and the curtain drop over a general bankrupty of nature's choicest works. For these as yet prophetic, but certain evils, man—marplot of creation – is exclusively accountable. Democratic in their origin and sources of support, each subscriber to these gardens at first exercised his right in the appointment of the committee of management. By degrees the committee,—that hollow, deceptive, inflated appellation, which, when compressed within its proper dimensions, will be usually found to consist of one, two, three, or more components, determining the character of the entire mass,—have exchanged places with the subscribers, and now appoint themselves! A part, in short, has usurped and attempts to exercise the functions of the whole body; and if there be any truth in Roman fable, or wisdom in old MENENIUS AGRIPPA, his parable must one day or other be realized. Such is the present state of the government of the Zoological Gardens, in which Messrs. JACOB, HOUSTON, HART, and CUSACK, have the disbursement of the funds and the dissection of the animals. These are the *quadrumana*, the moral BRIAREUS, who have hands and fingers enough for the disposal of the funds of the treasury, who, we fear, will bring death into this little Paradise, and, like its prototype, convert it into a wilderness. The other day an ostrich died, and these men sold it to themselves for fifteen guineas, to be mangled and put up in secret on the shelves of the Museum of the school of the College of Surgeons! Were the institution in which this private interment of public property took place properly organized, would not the occasion have been most suitable for the delivery of an appropriate discourse on the structure of this curious animal for the instruction of those by whose money it was purchased? How many who beheld this animal alive, who were delighted with it in that state, might not have been made wise by a proper use of it in death!

Other things besides these should be differently ordered in the gardens. We allude more particularly to the present state of the grounds. To the eye of a landscape *artiste*, the attempts at embellishment in this respect make a sad appearance; and yet where could such improvements be made with more facility, or more in keeping with the character of the place? Might not the garniture of the vegetable productions of other climes, much of which is attainable even in the open air of our own, be introduced here among the rival beauty of the animal kingdom, with equal advantage to both? Would the varied and gorgeous plumage of the parrot and mackaw derive no additional splendour from being seen in juxtaposition with the flowers and foliage of some of the plants of their native woods? We would proceed a step further, and sug-

gest the union of a botanical collection of the individuals of the vegetable kingdom with the zoological department of the gardens, convinced that the attractions of each would be thus mutually heightened by combination. The difficulties of the project are not worthy of discussion. Only give that most *savant* of all landscape architects, Mr. NEVIN of the Dublin Society's garden, the means and the opportunity, and if he do not throw up rockworks and grottos, spread out his walks and parterres, collect the scattered children of the sun of every clime into natural families, and make his fountains sparkle among them, "like pillars of diamond in the sunshine," with greater rapidity than cities ever rose, or satyrs danced to the music of the lyre of Orpheus, we have no skill in the appreciation of human abilities.

To keep pace with the progression of science, and to develop, to the fullest extent, the capabilities of the establishment, the Zoological Society should not limit its exertions to the accomplishment of this obvious improvement. They should advance another step, and institute a professorship of natural history, and a museum in connexion with these gardens, and place HIM above their contents, who alone can explain their structure, trace out their relations, and demonstrate the objects and design of their creation,—give HIM his proper place in the institution, whose tongue alone can make eloquent the muteness of these beings, and translate into the noble and intelligible medium of science, the vital and organic dialects of animated nature.

ERINENSIS.

Dublin, Sept. 21st, 1834.

THE LANCET.

London, Saturday, Oct. 4, 1834.

SEVERAL communications which we have received since the last number of this journal went to press, induce us to resume the subject of MEDICAL EDUCATION.

If we could discover any sufficient excuse for those breaches of engagement of which medical students are generally the victims, we should not withhold from the officers of our hospitals, or the lecturers, a statement of those facts, which amount, in their estimation, to a justification of their conduct.

Unconnected as we are, publicly, with the whole of the teachers, and unacquainted, as we are privately, with nineteen twentieths of those gentlemen, it cannot be supposed that we are influenced in our conduct by feelings of partiality or dislike, and we know that it will be admitted by all whose opinion is worth having, that our pen is guided under a strict and imperative sense of public duty. That we have condemned, and repeatedly too, in very severe terms, the irregularities exhibited in several of our schools and hospitals, we willingly, proudly, acknowledge, and as freely do we confess that we have often made the authors of those enormities writhe under the castigations which it has been our painful office to inflict. Were we to imitate the course which the truckling hirelings of the press have pursued, and bespatter with praise every stupid book-maker, every lazy hospital physician and surgeon, and every negligent and incompetent lecturer, the stream of adulation would, in return, incessantly flow back upon us from all those impure sources. We covet the approbation only of independent minds, though we shall not condescend to inform the corruptionists with what success our appetite for that species of applause has been gratified. It is enough for the opponents of every improvement in medical government and education to know, that we are resolved that no efforts of ours shall be wanting to protect the medical student from the frauds which might otherwise be practised upon him in this metropolis. The tone in which some of the lecturers have complained of our admonitory addresses would be a displeasing manifestation of their own guilt, were it not that we observe in it the best evidence of the

success of our labours. The admonitions, for instance, which we offered to students last week, were so general in their construction and bearing, that they could have no particular application except in those directions where the practical results of knavish designs had contributed to illustrate our arguments.

If the officers of our hospitals were to attend as they ought to the interests of the pupils, very few remarks on the subject would appear in the pages of this journal, and those few would be couched in the terms of eulogy. Having observed during many years, that the promises set forth in the prospectuses have been falsified, and that the students, after paying enormous sums of money, and wasting eighteen months of their time, have been compelled at last to apply to the private teachers in order to have a sufficient portion of information ground into their brains to enable them to undergo even the insignificant examinations of the Hall and College,—inclination as well as duty excited us to a performance of that task which we hope and believe we have on more than one occasion executed to the great advantage of the parties on whom it was our object to confer benefit. When the medical session commences, the students are everywhere received with the utmost courtesy. Even the dram-drinking stiff-backed beadles can doff their castors and bend their heads when a new set of gentlemen appears at their gates. In the wards of the hospitals, in the museums, during the last week of September and the first and second week of October, signs of politeness are every-where manifested. If a question be asked of a physician or a surgeon, the cunning officer instantly inclines his body towards the querist with all the anxiety of a usurer in quest of *pelf*; but the entrance fees being once completely secured, it has too often happened that the dulcorated promises in the hospital prospectuses, have received no nearer fulfilment than could be afforded by the acetic demeanor and irregular attendances of the persons by whom they were made. Important questions remain unanswered; clinical lectures, paid for in a fee of twenty-five guineas, are omitted; no minutes of the cases are recorded; post-mortem examinations are no longer instituted; and notices of operations are not posted. Yet it is alleged, that the complaints of the students are "unfounded," and the animadversions of THE LANCET "undeserved!"

When the admonitions addressed to the pupils in the last number of THE LANCET were written, our office table was literally covered with letters couched in terms of complaint against the management of the hospitals. From the number of those documents, it was quite impossible to publish a twentieth part of them; but we will now make an extract from one of them because it exhibits a perfectly fair specimen of the accusations which are made against the general mode of conducting the hospitals. Although the first and fourth paragraphs refer to the medical institutions generally, the remaining passages point distinctly to abuses in *St. George's Hospital.*

The neglect which prevails in relation to giving notice of surgical operations and post-mortem examinations at the London Hospitals is a most serious evil to the student, and the neglect of performing them at the time specified, when notice is given, is no less injurious to his interests.

At St. George's Hospital the visits of all the physicians and surgeons, post-mortem examinations, surgical operations, and generally the clinical lectures, are appointed to be done at the same hour, so that if notices *were* regularly given, one only of these important matters could be attended to by the student, although he pays fees to be instructed in all, and receives certificates, declaring that he has *diligently* done so.

On Thursday last Mr. Babington removed a scirrhous tumour from a woman's breast of which no notice was given, and even the house-surgeon was ignorant of

his intention until Mr. B. came into the hospital after one o'clock for the purpose of performing the operation.

Another evil, which I believe is common to a large proportion, if not to all, of the hospitals, is the private manner in which the minor operations of surgery are performed, such as removing fingers, toes, and the smaller tumours, and also operations for the relief of strictures, fistulæ, &c. These are far more important to the young practitioner than what are called the great operations, and often require more skill in their performance. In fact, only those operations are exhibited to the student which are suited for display, and for making him an ambulatory card for spreading the fame of the operators, who, as hospital surgeons, are generally called in when such operations are required by those who are wealthy enough to pay for them.

Whilst on the subject, I cannot pass over the inefficient information displayed on the cards that are placed above the beds at St. George's Hospital. That Lord so-and-so recommended the patient, and that this or that surgeon attends him, is conspicuous enough, but the name of the injury or disease is not even hinted at; neither is it mentioned when a prescription is discontinued, or when "house physic" is given, as if scouring men's bowels, or discontinuing injurious medicines, had no influence on the case.

If these apparently trifling matters were attended to, the card would be an useful epitome of the case, and the student would be enabled to form some judgment as to which cases were most likely to merit his especial attention. The value of such a regulation will be apparent when it is considered how impossible it is, from the regulations above referred to, that he can attend the practice of more than one physician or surgeon, even if he had time, and there may be cases in the practice of the others, of the highest importance, either from their rarity, or as valuable subjects in comparison with those under the care of his own teacher.

The hospital pharmacopœia and diet-table ought also to be published for the information of the students, for without them much of the treatment is quite unintelligible.

Sept. 22nd, 1834. D. R.

Are these complaints of a trivial nature? For what, we ask, is the money of the student paid, if it be not that he may receive instruction sufficient to qualify him to practise his profession, from the individual who pockets the fee? Let the reader examine the statements in the second paragraph. The certificate system is, evidently, one of the grossest, one of the vilest frauds that ever was practised on the community. Two of the surgeons of this hospital (KEATE and BRODIE) are Members of the Council of the College of Surgeons, and in their official capacity in this latter institution, they require students to produce certificates of attendance (the demand is IMPERATIVE) on the *surgical* practice of one of the London hospitals, thus, of course, taking care of their own interests at their own institution. In another corporate institution it is enacted that certificates on the *medical* attendance of hospitals or dispensaries shall be produced; and of both kinds of certificates just so many are sold at *St. George's Hospital* as the medical officers of that establishment can find ninnies to purchase them. We cannot use a milder term, because, with the exception of Guy's hospital, there is not, we believe, a worse hospital for students in London.

With regard to the attendances, at the same hour, of all the medical officers, a confirmation of this statement is to be found in the hospital prospectus; and we will here display what we there find.

Mr. KEATE attends on Mondays and Fridays.—At what hour?.....

ONE O'CLOCK.

Sir B. BRODIE attends on Mondays and Fridays.—At what hour?.....

ONE O'CLOCK.

Mr. WALKER sees the out-patients of the above surgeons on Mondays and Fridays.—At what hour?.....

ONE O'CLOCK.

Dr. CHAMBERS attends on Mondays and Fridays.—At what hour?.....

ONE O'CLOCK.

Dr. SEYMOUR attends on Mondays and Fridays.—At what hour?.....

ONE O'CLOCK.

Mr. HAWKINS attends on Tuesdays and Saturdays.—At what hour?....

ONE O'CLOCK.

Mr. BABINGTON attends on Tuesdays and Saturdays.—At what hour?..

ONE O'CLOCK.

Mr. WALKER attends to see the eye-patients on Tuesdays and Saturdays.— At what hour? ..... — ONE O'CLOCK.

Dr. WILSON attends on Tuesdays and Saturdays.—At what hour?....

ONE O'CLOCK.

Dr. MACLEOD attends on Tuesdays and Saturdays.—At what hour?....

ONE O'CLOCK.

OPERATIONS are performed on Thursdays and Saturdays.—At what hour?

ONE O'CLOCK.

POST-MORTEM EXAMINATIONS take place (*daily*, we presume!).—At what hour? ..... ONE O'CLOCK.

And in order to render this arrangement still more perfect, the HOUSE SURGEONS are ordered to take their walks daily through the wards every morning at eleven o'clock; and the apothecary is ordered to take his hop or his run at *the same hour!*

The student, then, who pays his money for the opportunity of witnessing the whole of the medical or surgical practice of the hospital, is not *cheated*, is not *plundered*, because, forsooth, the entire knavish system is carried on in strict conformity with the "regulations" of the College, the Hall, and the Hospital! The students, on applying to the medical officers at the end of the session, receive certificates, declaring that they have diligently attended the medical practice of the institution, signed by the physicians; and certificates that they have attended the surgical practice of the institution, signed by the surgeons; and such certificates are instantly "recognised" by the corporations which have assisted in inventing and carrying on the fraud.

When it is considered that under the above arrangement four medical officers at the same moment attend at different parts of the hospital to four sets of patients, the climax of the iniquity will be reached in that mind which knows how to estimate the loss which a young man, on entering life, must thus sustain in his prospects. He purchases a thing consisting of four parts, and he receives but one of them in return for his money, and on the use of that commodity which he spends his wealth and his time in the attempt to acquire, the fate of his professional career must be determined. It is for the exposure of such nefarious practices that this journal is systematically slandered by the guilty parties. Clinical lectures, attendances, operations, post-mortem examinations, out-patients, eye-patients, and eyeless patients,—all accomplished and waited on at one o'clock. Under this arrangement a plurality of the organs of seeing and hearing is more than provided for. The two eyes of each student are required to behold the movements of four officers, through sundry wooden floors and stone walls; and the two ears are provided, at one and the same time, with four sets of explanatory clinical remarks.

Such is a portion of the certificate system, and we are by no means sure that it is the worst portion of it. In several of the large recognised schools the students are required to pay for, if not to attend, lectures, the delivery of which occupies from ten to twelve hours of cathedral gabble, scarcely relieved by one interruption, save the momentary silence which is occasioned by the change of one gabbler for another. The worthies who rule in medical affairs have taken it into their wise heads that man has far too many senses, and, that in order to acquire a knowledge of the science of medicine, it is of importance to dispense with the use of those of sight and touch. Accordingly, provision is made

for the full occupation of the sense of hearing, and thus the student is to be bored from one end of the week to the other with trashy talk which can never reach the understanding or the memory except through the operation of the sight, or the medium of the touch. A jarring discordant din is to make him acquainted with anatomy when he is so situated that he cannot see the structure of the parts which are described; he is to be talked into a knowledge of chemistry without sharing in the labours of the labyrinth, and he is to be furnished with a knowledge of the principles and practice of medicine and surgery, by scarcely hearing *read* those essays and treatises which he might *study* by his own fire-side, or by attending four physicians and surgeons at one time,—all moving in different places at the same hour.

Convinced, therefore, as we long have been, that the certificate system is founded in delusion and is productive of fraud, we have endeavoured by every possible means to promote its destruction. But, so long as it lasts,—so long as the medical corporations, under the sanction of existing Acts and Charters, empower those bodies to interfere with the rights of private teachers, and infringe the privileges of the students, we shall endeavour to point out to the pupils in what manner they should conduct themselves so as to derive the greatest portion of benefit, attended by the smallest degree of injury, in pursuing their studies in this metropolis.

The medical department of the *London University* was opened on Wednesday last, when an admirable introductory address was delivered by Professor Lindley. The large theatre was thronged with auditors; and there were present, besides the professors of the institution, many distinguished men of science. Want of space compels us to postpone the address of Professor Lindley until next week. The University Hospital will be open for the reception of patients within a short period; but probably it will notbe in full operation until the beginning of January. As the terms are much lower than at the other hospitals, and as it is expected, from the great medical reputation of the University, that the clinical instruction of the hospital will be conducted regularly, and prove of a very high order, it may be prudent in students to defer entering to the other hospitals of the metropolis. When it is operating, however, a few weeks will enable them to determine as to the propriety of the selection.

Is it true, as reported, that the Council, or the Senate, are *in search of an operator for this hospital*,—a mere mechanical cutter,—a person who delights in blood? It cannot be; for such has been the progress of medical science within the last few years, that the power of operating is now deemed the most insignificant part of a scientific surgeon's capabilities. Once obtain for this hospital a reputation for its being a cutting and slaughtering establishment, and the directors of it will search in vain for cases of disease wherewith to instruct the students.

We shall say no more on this subject at present; but it is one of extreme importance, not only to the hospital, but to the medical department of the university.

Amongst other articles we have been compelled to postpone some farther remarks on the parliamentary medical evidence until next Saturday. What we have already said does not, we find, please the enemies of medical reform; this is satisfactory. Probably they will be still less pleased when they ascertain that the medical practitioners throughout the empire are to have an opportunity of reading every

syllable of the evidence, and of deciding for themselves on all the great questions which the testimony of the witnesses has exposed to view. The evidence thus collected is of such a nature that every medical man should become thoroughly acquainted with it. It embraces the history and mode of government of our medical corporations; the mode of educating "doctors" in the various English, Irish, and Scotch Universities; and the system of medical education pursued throughout the continent, blending in one work a more interesting and valuable collection of facts than were ever before united relative to the science and practice of medicine. The following extract from the advertisement will make our readers acquainted with the time and mode of publication of the evidence:—

"THE LANCET edition of the Parliamentary Evidence will be published in Numbers (price Sixpence each), and issued immediately after the Official Copy of each part is placed in the hands of the Members of the Committee. By acting in strict conformity with this plan, the utmost dispatch will be maintained while the entire work is proceeding from the press.

"As it is particularly desirable that the whole of the Medical Evidence should be in the hands of the Members of the Profession, by the time that the Official Report founded on that evidence is presented to the House of Commons, the exertions of the printer will be made to correspond, as nearly as possible, with those of the parliamentary press. Consequently, those gentlemen who are desirous of possessing the evidence, should direct their booksellers to furnish the Numbers AS THEY ARE PUBLISHED, as it will frequently happen that more than one Number will be issued during the Week. Already we are enabled to state, that Nos. 2 and 3 will be ready for delivery on Saturday, October the 11th.

"THE LANCET edition of the Parliamentary Medical Evidence may be obtained through the medium of any of the booksellers of the United Kingdom."

OUR Edinburgh Correspondent has requested us to correct an error into which he inadvertently fell, when he described the appointment of Dr. CRAIGIE to the Inspectorship of Anatomy in Edinburgh as a Whig job. So far was this from being a correct statement, that it was one of the many instances in which the Government sought to favour and promote an inveterate Tory opponent. He was, in a word, a chairman of the Committee of Mr. HUNTER BLAIR, the Tory opponent of the Whig Lord Advocate. We advert to this subject with regret, because Lord MELBOURNE, as Secretary of State for the Home Department, has so conducted himself in medical affairs, as to merit to be spoken of, uniformly, in this journal, in terms of respect and commendation. He was undeviatingly attentive to the wishes of the profession, and exhibited invincible firmness in resisting the intriguing agents of that faction who incessantly buzzed about him, and who succeeded in controlling and embarrassing every one of his predecessors.

While on the subject of medical appointments, what shall we say of the predilections of the LORD CHANCELLOR,—the "liberal-minded" Lord BROUGHAM? Has his Lordship been so thoroughly inoculated with Toryism, that he cannot breathe or live except in the presence of Tory doctors? Had he no old associates who could have filled the office of Chancery Commissioners in preference to those rank Tories and opponents of medical reform, SOUTHEY and MACMICHAEL? Had his Lordship no old friends whose attainments were equal to those Tory Doctors, SEYMOUR, J. R. HUME, and BRIGHT, for occupying the places of Metropolitan Commissioners of Lunacy? The members of the medical profession know not what to think of these appointments, and we dare not repeat what is said. Lord BROUGHAM, it

would appear, has thrown all his medical patronage into the hands of that ultra—that most ultra of Tories, Sir HENRY HALFORD, that chief of the most Tory institution in England, in reference to whose conduct during the illness of his late Majesty GEORGE the FOURTH, Mr. BROUGHAM thus expressed himself in the House of Commons:—

"He defied any man to put his finger on a single bulletin from which it would appear that the King was in a state of serious danger. Even when his Majesty was at the point of death, no such intimation was conveyed in those documents. He would advise those who had pursued that course to recollect that this country could not long be governed by a system of fraud and deception. Disguise, and falsehood, and treachery, had never succeeded, and never could succeed, for any length of time, more especially in a matter of such universal interest."

Was, then, the head bulletin-signer the fittest person the CHANCELLOR could find on whom to bestow the patronage of his high office? There is a mystery enveloping the actions of Lord BROUGHAM in this respect which we cannot penetrate.

An Inquiry into the Principles and Practice of Medicine, founded on Original Physiological Investigations. By G. CALVERT HOLLAND, M.D., Phys. to the Sheffield Gen. Inf. Vol. I. London, Longman, 1834, 8vo. pp. 540.

OUR readers call out so lustily for our opinions on books, that we are unwilling to let any number of THE LANCET between the 4th of October and the end of time issue from the press unaccompanied by a review. Space for analyses and criticism has hitherto been wanting in our pages; but henceforth it shall be created, and, then, doubling the length of our days, and redoubling our industry, the public demand shall be met, and the cry for reviews no longer be heard, unsatisfied, issuing from the mouths of ten thousand open letters in the editorial recess.

Several volumes lie before us whose contents we have examined, and whose fates we have decided, but the decrees cannot yet go forth. Amongst others, we had prepared an analysis of the interesting volume which is quoted above. The writings of Dr. Holland are entitled to the respect of all journalists, and we shall do justice to his new production. This week, however, our intention cannot be fulfilled, and we therefore simply introduce it to the notice of our readers, with a few remarks preliminary to an analysis of his views respecting the principles and practice of medicine.

Men are so apt to call crude theories "principles," that we can hardly wonder at Dr. Holland's describing his own "principles" as "*sounder* principles" than those of his predecessors. It is a designation, however, which he could not have meant to use. One set of principles cannot be *sounder* than another set. Principles are truths. The proof that the *positions* assumed by philosophers really are *principles*, is to be tested by experiments made in conformity therewith. Will the principles laid down by Dr. Holland lead us to "a "mode of practice in the treatment of "disease, *more* simple, decisive, and ef-"fective, than that which is commonly "adopted?"—and lead us, not only to that, but to a mode of practice which will be *altogether* effective? This shall be the subject of our inquiry on another occasion. Dr. Holland himself entertains an opinion that he has at least *approached* the latter desideratum. Because he cannot do without the word *more* in the sentence we have quoted, he, with less correctness than modesty, speaks of his positions merely as being "sounder" than those of other theorists.

The author retains fellowship with none that have speculated before him, and accordingly devotes the first portion of his volume to the destruction of the humorists, the solidists, the Cullenites, and the nervinites,—dragons which have most actively guarded the Hesperian fruit of medical science. It is easier, however, to destroy than create, and this we suspect to be the case with the Dr. very soon after he has levelled his blows at the first set of his opponents in the road to the gardens of the golden growth. He seems to have damaged his adversaries without a consciousness of his own competency to

reach the apples; or, at any rate, he appears to think them too hard of digestion for the present generation. "Medicine," says he (page 22), "contains few principles "and facts that can be fearlessly laid "down to regulate the conduct of the pro- "fession generally." This is an alarming remark to a man who has just sat down to the perusal of five hundred pages of inquiry into the principles of his art, and he expects to see the worthy Doctor forthwith sink down by the roadside in repentance at the journey he has commenced. It happens, however, that the spirit of MASON GOOD crosses the Dr.'s steps at the moment of seeming despair, when censure, the dram of writers, comes to the Dr.'s aid, stimulates his nerves, and urges him to strike the ghost that impedes him. Presently, also, the figure of BROUSSAIS attracts his eye and re-invigorates his efforts. He bends towards and reaches him. For a moment he walks by the side of the French pathologist and pats him on the back. In the next he fronts him, sees in him a rival returning from the same errand, denies that he has already plucked the desired apples, and prostrates him in the road. We lay the volume aside until our next.

INTERCEPTED LETTER.

[MEDICAL AFFAIRS IN LONDON AND WINDSOR.]

"—— Hall, Leicestershire, Sept. ——.

"DEAR DOCTOR TURNER,—None but a man endowed with a sentimental mind like your own can enter warmly and feelingly into my present position; and I do assure you, my dear friend, that the quietude and repose of the country, after all I have gone through,—all the mortifications and annoyances I have suffered during the last London season,—is quite a balm to my troubled mind. I am indeed glad to get something to occupy me apart from my wonted habits and avocations; and though it may appear ridiculous to you, I do assure you it is true that the little annoyances which are inseparable from the life of a *country squire*, do me good. When I am brooding over the downfall of professional legitimacy, or the questions of the Parliamentary Committee, I am absolutely not sorry, even if my bailiff comes to tell me that my sheep have sold for less money than they cost six months ago; or my gamekeeper to say that a hoard of poachers have murdered all the game; or my groom to announce that my favourite riding-horse has broken both his knees. I would say, on the principle that guides us in the treatment of diseases—the principle of *revulsion* or *diversion*—that all these things do me good; and a good practice it is, too, to put a blister on a lady's coccygeal region, when she complains much of her head.

"I hope you are keeping a sharp look-out after my patients during my absence; and when I take my next run up to town, the more of them you can get to meet me in Curzon-street the better, as I will remain only one day. Never fail to tell every one of them that in all my letters I particularly mention *their* names, and make many inquiries about the progress of their particular case, and how the last prescription agrees with their constitutions. As I always take care that they consider my knowledge of their constitution minute and comprehensive, it is of importance that you strengthen that notion; for during an experience of nearly forty years, I have ever found that nothing makes patients less likely to employ another medical attendant than the notion of the ordinary one—knowing their *constitution*. You can easily let any one suppose that I am obliged to go to Windsor occasionally, as that will appear a good excuse for my being a day in London. The last accounts I received from the Castle were not very cheering. There is indeed nothing to be done there in the way of business. The King is wonderfully well; and in place of stuffing and cramming his stomach with all kinds of trash, and then taking physic, and getting me to unload the machine, like his late brother, my kind and ever-to-be-lamented friend GEORGE the FOURTH, he lives most regularly, moderately, and soberly, and has *no complaints*. It is unfortunate for us, at this moment particularly, that he has a low opinion and such a dislike of physicians. He has abided by a determination which the Duke of —— told me that he heard him express when he came to the throne, that he 'would be d—d if he would make an apothecary's shop of his guts, as his brother did.' He has a quiet sensible surgeon living in the palace, so that if the least thing goes wrong, if any screw be a little loose, there he is in readiness. That is not right by any means. As to our gracious QUEEN, my Windsor correspondent writes me word that she has be-

come a convert to the *homœpathic* system, and is now under the guidance of a German doctor, who is giving her (I suppose because she is a Queen) only *the ten-thousandth part of a grain* of some of his nostrums. Her little homœpathic medicine chest, with all its little bottles, is a nice little toy to amuse her! Lord HOWE watches the effects of these wonderful millionth-fraction pills; and I have never been nor am I likely ever to be consulted by her.

"I have got the periodicals regularly. I need not conceal from you, my worthy friend, that I am grieved and vexed to see extracts of my examination before the Committee, printed in THE LANCET; and had I not been taken partly by surprise, and lost my temper somewhat during the examination, I should not have said so much, and attempted to show that the cause of our not making Fellows of the Licentiates, was the defective moral character of the Licentiates. I confess it was a sad blunder on my part, to say in public that while we encouraged the Licentiate to practise Midwifery, we considered it beneath the dignity of a Fellow to touch such things.

"Write me anything you hear that is going on in Pall-mall, Blackfriars, or Lincoln's-inn-fields. I intend writing to Sir ASTLEY about some vexatious things which I have heard respecting the certificate system. It cannot go on. How do little BENJAMIN's honours sit upon him? I long to see *her ladyship!* Is it true that he has got a carriage in imitation of mine?

"Write me every thing; and put your letters under cover to my son, which will save the postage.

"Your faithful,

"H. H."

ST. GEORGE'S HOSPITAL AGAIN — SIR BENJAMIN AGAIN—AND ANOTHER NEW SCHOOL.

IT is rumoured that Sir B. BRODIE is about to establish a new school of anatomy in the immediate vicinity of St. George's Hospital. We understand that the ground is purchased, and the site fixed, in the neighbourhood of Belgrave-square. There is, we believe, a double motive for this measure. It is at once designed to check, if possible, the increasing prosperity of Dr. WILSON's anatomical school, and to provide a situation for Mr. TATHAM, one of Sir BENJAMIN's protegés, and formerly, we believe, assistant-demonstrator in the school of Great Windmill-street.

MIDDLESEX HOSPITAL.

To the Editor of THE LANCET.

SIR,—Those who have long been about our hospitals, have the opportunity of watching the character of medical students. They find that they are divided into two classes; those who are zealous, and those who are idle.

The former class think it their business to be always at the hospital; and if you inquire of them, they will give you an epitome of ALL the cases of interest and importance, while the latter think they may glean whatever information is necessary to qualify themselves for practice, by attending operations and post-mortem examinations, imagining it beneath them to toil daily round the wards.

The attentive and diligent student appears always busy, and is dissatisfied only that he cannot spend a larger portion of his time in the wards. While at the hospital, he is to be found taking cases and making observations, or else he will be in the dead-house or pupil's-room. While these men are so laudably employed, their opponents, the idle ones, are seen loitering about, or they just drop in occasionally, not as a matter of course, but merely to inquire 'whether there be any operations going on, or any out-of-the-way case, and then they express great surprise that there should have been an operation yesterday, at a time "when they could not come,' or that a post-mortem examination took place "when they did not know even of the death of the patient," and so they determine immediately to expose this hole-and-corner proceeding, because, forsooth, a man was operated on to save his life, or an examination was made out of the usual time, because the friends of the deceased would not consent to leave the body during the night (a circumstance not unfrequent among the Irish).

As a friend to this hospital I make these remarks, having seen a letter in your journal, urging some groundless complaints, and desire, at the same time, to warn the young student, lest the example of the idle, dissatisfied, and necessarily ignorant, should unhappily be followed.

Trusting that you will give this an early insertion, I am, Sir, your obedient servant,

JOHN ELWIN,
Late House-Surgeon, Mid'd sex Hospital.

Oct. 1st.

*** WE insert this letter, although the *object* of the writer is not very apparent.

Complaints are made respecting certain irregularities in the London Hospitals, and Mr. ELWIN would infer that the expressions of dissatisfaction emanate from those students who are idle,—"the idle, the negligent"—only. The studious pupil is the last person to complain of the person who ought to be his instructor. It is the industrious student,—the young man who will not allow his time to be wasted,—who complains of the negligence and irregularity of the medical officers,—a fact with which Mr. ELWIN is as well acquainted as ourselves. We agree with the writer that the students are divided into two classes, those who are zealous and those who are idle, but we are at a loss to understand how the former can think it their "business to be *always* at the hos-" pital, and can give an epitome of all the "cases of interest and importance," when they are compelled by the operation of the certificate-system to spend eight or ten hours of the day in schools often situated at a considerable distance from the hospital. At the *Middlesex Hospital* there is no school of medicine, but in order that the hospital may not be without its advantages to students, the surgeons in this establishment, as at *St. George's Hospital*, all go through the wards *at the same hour*!—ED. L.

MIDWIFERY CHAIR OF GUY'S HOSPITAL.

DR. ASHWELL'S REPLY TO DR. BLUNDELL.

To the Editor of THE LANCET.

SIR,—Having read a letter from Dr. Blundell in Saturday's LANCET calculated to produce an erroneous impression, I am anxious to prevent such a result, by a very brief statement of facts.

Dr. Blundell has certainly retired from Guy's, and there are connected with his retirement some circumstances requiring an explanation which his letter does not afford. It must be supposed from the statement, "that the gentleman whom the treasurer seemed desirous to patronise," and the insertion of whose name as a joint obstetric lecturer appears to have been the grave indignity which the Doctor could not brook, was a nominee or protegé of the treasurer, unknown, or nearly so, to Dr. Blundell. The entire reverse of this is the fact. Nine years ago negotiations were entered into between Dr. Blundell and myself, without the treasurer's knowledge, the object of which was my succeeding to the obstetric chair, a large pecuniary consideration being required by Dr. B. But as it was intimated to me that the treasurer would not for a moment listen to, or allow, any arrangement founded on a pecuniary basis, I abandoned the idea, but continued my obstetric pursuits at the hospital.

In 1829-30, in consequence of new arrangements which then took place, I was requested by Dr. Blundell to give clinical instructions to his pupils. It had been recommended by the Doctor to have a lying-in ward, but instead of it the present Hospital Lying-in Charity was established, and cases of uterine disease were received into a part of the hospital appropriated to that purpose. I then received a communication from Dr. Blundell, requesting that as his duties were increased and his health uncertain, I would officiate as his obstetric assistant. It was not till this period that I had the pleasure of being personally known to the treasurer. I gave the clinical lectures for two or three seasons; I saw and treated nearly all the cases in the female ward, I had the entire charge of the Hospital Lying-in Charity and of the obstetric out-patients, and I gave forty out of the forty-three midwifery lectures in the spring course of 1834, having been solicited to do all this by Dr. Blundell himself.

Surely then the circumstance of my name being associated as colleague (for it had been so already as obstetric assistant) is no justification of the indignation he expresses. Can it be deemed extraordinary, after what I had done, that I should express a strong wish that my name should be included in the lecture papers as colleague, so that in the event of renewed illness, and his requiring a large share of help from me, I should appear before the class on the proper footing, and prevent the Doctor's inability being regarded as a breach of faith, either on his own part, or that of the school?

If Dr. Blundell has retired from Guy's, it is, to use his own words, because "sic jubeo, sic volo, stet pro ratione voluntas." It appears, by his own statement, that he might have resumed the chair, "if he had not considered it redolent and reeking with the indignity that stained it." I may be allowed perhaps to express my surprise and regret, that this indignity was supposed by him to consist, in my being called upon to act as his colleague instead of his representative, in which situation I

had reason to believe, from the close attention and numbers of the class, that my services gave satisfaction. Dr. Blundell, however, evinced his prompt determination to retire, by the immediate removal of his museum, a step unattended by inconvenience, as the rich museum of the hospital is well provided in the obstetric department. I may here perhaps just observe, that Dr. Blundell was introduced to the treasurer by his respected predecessor Dr. Haighton in the same manner as I have been by himself; but it is somewhat singular, that he has not alluded to the exertions of his honoured relative, from whom he received a class greater in number than it has since been. The present high repute of the hospital and school in all its departments is too well known to call forth any remarks on that subject. I trust I have now shown, that Dr. B.'s statement, "that he had not introduced the gentleman whom the treasurer thought right to patronise," is not correct. I am, Sir, your humble servant,

SAMUEL ASHWELL.

13, Devonshire Square, City,
Oct. 1st, 1834.

CHRIST'S HOSPITAL.

Letter from Mr. Plumbe.

To the Editor of THE LANCET.

SIR,—As you have intimated your intention to notice my address to the Governors of Christ's Hospital, in conjunction with the report of the Committee appointed to inquire as to the efficiency of their medical establishment,—their treatment of ringworm, &c.—will you allow me to request your attention to that part of the letter of "A Governor" in this day's LANCET, who quotes from a letter of Mr. Field the apothecary, published I understand some time since, but which I have not seen, and in which that gentleman speaks of "the general practitioner by whom the special committee intend to supplant him."

I ask this favour, as an impression has been made in certain quarters that because I have been employed professionally by that Committee I must be that general practitioner to whom Mr. Field alludes.

I beg to assure you I know nothing of this matter beyond what my report to the Committee, and the small explanatory pamphlet which I have published, contain. It is true that a number of boys have been brought to me from year to year by their parents, at the commencement of their holidays, reported to have ringworm, and that they have been admitted without hesitation when their holidays have expired. Possibly from this or some other cause, the Chairman of the Committee called on me and requested me to see forty-three or forty-five cases of reputed ringworm in the hospital in London, and give him my opinion of them.

I had never the pleasure of seeing that gentleman or any other member of the Committee before, but of course the authority with which he was invested was more than sufficient. Yet I declined undertaking the task he required of me, without a previous communication with Mr. Lloyd, the consulting, and as I understood, operating surgeon of the hospital. I waited on Mr. Lloyd, and after a candid statement of what I was required to do by the orders of the Committee, our interview ended by Mr. Lloyd's *requesting me to meet him the next day at two o'clock*, at the hospital. Mr. Lloyd did not visit the hospital that day at all, neither did he send me any explanation of this omission at any subsequent period, or offer to make any other appointment. I was therefore compelled, being pressed for my opinion, to declare, very reluctantly, that of the whole number that I saw of cases of reputed ringworm, there were only five boys with any vestige of that disease.

Thirty-two or thirty-three cases of boys at Hertford, as you will see by the "Report," were found to be in the same situation, unfortunately deprived of their education by the ungrounded fear of their infecting their fellow-students in town.

Now, Sir, notwithstanding the interest I have taken in this matter professionally, I hope only hereby to convince you and your readers that I am not the "general practitioner whom the Committee intend should *supplant* Mr. Field," * and that in the share I have taken in this investigation I have committed no breach of professional etiquette as regards Mr. Lloyd.

I am, Sir,
obediently yours,
SAMUEL PLUMBE.

ST. GEORGE'S HOSPITAL.

STRANGULATED SCROTAL HERNIA.

JOHN POTTERACY, æt. 23, was admitted when labouring under symptoms of strangulated scrotal hernia of the right side. On examination the hernial tumour was not found to be very tense or painful on pressure, nor did the patient shrink much when pressure was applied over the abdominal region.

The history which he gave of the case was, that the hernia descended for the first time about thirty-six hours before his admission whilst he was making some violent exertion. The evening before his admission he was sick, and vomited, during which the bulk of the tumour became much increased; he was again sick a few hours previous to his admission, and has had no fecal evacuation from the bowels since the descent of the hernial tumour. The countenance is anxious, the tongue white and dry in the centre, and the pulse quick and irritable.

8 p.m. He has been placed in the warm-bath, and bled to syncope, and the taxis was employed steadily and carefully, but without success; he has twice vomited a dark-coloured fluid from his stomach since his admission, but the ejecta has not the stercoraceous fetor. The symptoms becoming thus urgent, and all palliative measures appearing inadmissible, Mr. Walker (under whose care the patient was) determined on performing the operation. The hernial tumour was found

* I know not how the highly-respectable and eminent members of the Committee may relish this insinuation of their aged servant, but certainly if they intended anything so extraordinarily kind to me, it must have been a case of "love at first sight!"

to consist chiefly of small intestines, whose appearance was perfectly natural, and the protruded intestine was easily relieved upon the stricture being freely divided.

July 27. On visiting him this morning, Mr. Walker found that he had passed a good night, and that there was no pain or tension of the abdomen. An injection was administered early this morning, which came away unmixed with any fecal matter. He was ordered

℞ *Mist. Camphoræ,*
Liq. Ammon. Acet., aa 3vj.
Sodæ Sulphat. 3j.
Syrupi Papaveris Alb. 3ss.
Liq. Antim. Tart. ℥xv. Misce; fiat haustus 6tis horis sumend.

28th. He is going on very well. His tongue is clean and moist. Pulse soft and regular. Bowels freely opened.

℞ *Liquor Ammon. Acet.*
Aq. Menth. Pip. aa 3vj.
Vini Ipecac. ℥xii.
Tinct. Hyoscy. 3ss. Misce; fiat haustus ut antea sumend.

29th. Going on very well; the bowels not being freely opened he was ordered

℞ *Hydrarg. Submur.* gr. v.
Pulvis Antim. gr. iij.
Pulvis Opii gr. jss. Misce; fiat pilul. ij. hæc nocte hora somni sumend. *Olei Ricini* 3vj, cras primo mane sumend.

31st. The wound is dressed with the red wash, and is healing very nicely. He is going on well in every respect.

℞ *Infusi Gentian. Comp.* 3j.
Infusi Rhei 3iv.
Sp. Ammon. C. 3ss. Misce; fiat haust. bis die sumend.

August 1st. The thickening of the cellular membrane of the scrotum is subsiding, and the general appearance of the wound is healthy; there are some portions of the sac presenting a sloughy appearance which are to come away, and with the discharge of pus from the wound there came away an albuminous substance resembling the white of an egg. The usual dressing was continued to it.

7th. The wound is healing very rapidly, and the thickening in the scrotum is subsiding under the application of the saturnine lotion.

On first getting up and walking about the ward the thickening over the situation of the hernial sac, which had subsided to the size of a pigeon's egg, again became enlarged, inflamed, and its cavity suppurated. It was laid open to the bottom and dressed with lint, and in a short time it healed and granulated, and the man left the hospital perfectly well.

MEDICAL SCHOOLS.

Some omissions accidentally occurred in our list of schools last week:—

A course of lectures on Comparative Anatomy is announced to be given this winter at St. Bartholomew's Hospital School by Mr. OWEN,—a gentleman who is capable, we believe, of doing justice to the important and interesting subject. The publication of the admirable lectures of Professor GRANT has created an intense appetite for a knowledge of this science.

Close to *St. George's Hospital* there is a Theatre of Anatomy and Physiology, in which pupils who are pursuing their studies in that neighbourhood will find excellent instruction under the directions of Dr. WILSON and Mr. LANE.

In Great Windmill Street, Haymarket, also, there is a school entitled the Hunterian Theatre of Anatomy, where lectures on Anatomy, Physiology, Pathology, and Surgery, are given, and dissections and demonstrations may be practised under the direction of Mr. J. G. SMITH and Mr. R. BUSHELL. It is an old and respectable establishment, and situated about equidistant from each of the west-end hospitals.

The lectures of Dr. T. L. BLUNDELL on Midwifery commence this day, October 4th, at half-past six p.m., at 83, Newgate Street, near St. Bartholomew's Hospital. Each course *2l. 2s.*

Further particulars of each of these will be found on the cover of our No.

Communications have been received from *Mr. G. A. Ellis—Mr. Bedingfield—Mr. Pitt—Mr. J. Brown—Mr. E. Wilkinson—Mr. W. K. Loveless—B. C. D.—Juvenis—Mr. R. Moorson—Mr. E. Lumley—Mr. Harrison—Mr. Wagner—Dr. Bostock—Mr. W. F. Porter—Mr. Smith—The Lying-in Hospital, Glasgow.—A Citizen*, &c. Answers to many correspondents in our next.

ERRATA.

In the STUDENT'S NUMBER, page 12, col. 1, line 11 from bottom, for "into" read *to*. Col. 2, line 3 from bottom, for "considered," read *consider*. Page 19, col. 2, line 2, for "(nually, the," read *Finally, the.*)

At page 28 of our last Number, in giving the Title of Dr. Blundell's pamphlet, the words—"Addressed to his Medical Friends"—were omitted in a part of our impression.

Also at page 31, second column, line five from the bottom, after "English Universities," the words, "those great sources of general knowledge" were omitted.

Also the following should appear as an additional note in page 31:—

The depression this session (1831-1832) is in good measure explained by a rule adopted by the Apothecaries' Company, which, I find, came into operation about this time, and of which I give a copy. The subjoined extract is taken from a paper headed "APOTHECARIES' COMPANY.—Regulations to be observed by students, whose attendance on lectures shall commence on or after the 1st of January, 1831."

"*Midwifery, and the Diseases of Children.*"—Two courses, to be attended during the second year."